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**Food for Sympathy:
Illness, Nursing, and Affect in Victorian Literature and Culture**

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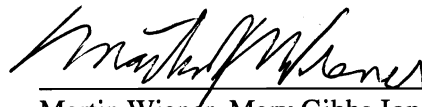
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ABSTRACT

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The profuse illness and nursing narratives in Victorian texts frequently feature sympathy for physical suffering as a major cultural and literary trope. In a wide variety of texts ranging from social reform writing to autobiographies, from novels to poetry, physical suffering was often closely associated with a specific cultural form of affect called sympathy. While earlier epistemologies of sympathy developed by Scottish Enlightenment writers defined it as a free agent that autonomously flowed through individuals, toward the mid-century, this model left its place to formulations of sympathy as an alignment of affect between clearly separated subjects that could be achieved through sympathetic imagination. This epistemological and cultural shift is strongly apparent in both fictional and nonfictional depictions of sympathy for the sick. Critical works on the nineteenth-century culture of illness and medical care have tended to focus on the community-building functions of the sickroom. However, the illness-nursing dyad constitutes an affective structure through which some less examined aspects of sympathy for physical suffering, such as the alterity and abjection

of bodies in pain, can be explored. Descriptions of physical suffering usually followed certain narrative conventions that positioned the sufferers and their nurses as objects or subjects of sympathy. This particular object-subject relationship facilitated the construction, negotiation, and redefinition of collective identities like nationality, gender, and class. While nursing memoirs and conduct manuals adhered to conventional ideals of femininity, they also expanded definitions of femininity and maternalism to include competence. In their war nursing memoirs, unprivileged or marginalized women who worked as nurses were able to inscribe themselves as professional women and national subjects by contributing to the national narratives of the war with soothing narratives of their nursing experience. In *Bildungsromans*, their sympathy for disabled male companions enabled socially and economically disenfranchised male protagonists to reconstruct wounded masculinity as a hegemonic masculinity model. Destabilized social identities, on the other hand, culminated in novelistic examples of resistance to sympathy on the level of character or narrative, which the authors used as a representational strategy to approach dilemmas for which there are no solutions.

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Introduction

In *Life in the Sickroom* (1844), Harriet Martineau wrote that: “[i]f sorrow teaches us that nothing is more universal than sympathy, long and irremediable sickness proves plainly, that nothing is more various than its kinds and degrees; or it may be, than the manifestations of the sympathetic grief which is shared by all”.¹ Martineau makes an important claim that sympathy for someone in physical suffering—whether pain, illness or disability—manifests complex interpersonal interactions. Sympathetic identification with someone in pain can prompt one to cringe at the sight of bodily damage, or it could evoke humanitarian feelings for the sufferer. It can signify middle-class sensibility, point to the permeability of the boundaries between self and the other, be imagined as a channel for contagion of disease and feeling, or function in consolidating social hierarchies between the sufferers and their caretakers. The nature of sympathy can be debated, but there is no doubt that manifestations of sympathetic emotions are shaped by medical training, expectations of the sufferers or their families, and larger social forces. So are the sufferers’ responses to sympathy.

The abundant scenes of sickness and sympathy in nineteenth-century fiction attest that illness and sympathy presented a lens through which social forms and individual identities could be negotiated. Illness scenes are often pivotal points in novels. A nursing plot can overthrow or reconsolidate the existing power dynamics within a family. An episode of illness can initiate an adoption plot or finalize a marriage plot in a novel. The physical proximity involved in nursing enables

characters to express their suppressed sexual desires or create a language for homoerotic desire.

In this project, I will analyze fictional and nonfictional narratives of physical suffering and sympathy which acknowledge these components. I examine canonical and non-canonical texts written between 1830 and 1880, including nursing manuals, memoirs, and novels. I develop a new language to talk about sympathy that accounts for alterity, abjection, apathy, and resistance to sympathy as inherent components of these affective structures. Rather than instinctive and spontaneous compassion for a sufferer, sympathy meant, for Victorians, a conscious process of achieving emotional alignment by overcoming negative components of affective relationships such as alterity, apathy, and abjection. This distinction has significant implications in terms of the power of affect in forming subjectivities. These relational structures, which I will call structures of sympathy, position individuals as objects and subjects of sympathy. My individual chapters show how objects or subjects of sympathy construct their masculinity, national identity, class identity.

One of the overarching goals of this project is to locate our contemporary understanding of sympathy in the Victorian period. Victorian sympathy can be placed in a historical trajectory of emotions ranging from Early Modern passion to eighteenth-century sensibility. Like “passion” and “sensibility,” it is a cultural framework for describing affect, and it is reflective of its period’s understanding of subjectivity, alterity, and intersubjective relations. Eighteenth- and nineteenth-century writings on affect manifest a change in the definition of sympathy. These writings show that David Hume’s notion of moral sentiment as a free agent that flows from one

individual to another left its place to Adam Smith's formulation of sympathy as an alignment of affect that is achieved between clearly separated subjects, through the sympathetic imagination.

Illness, pain, and disability create a specific alienation between the sufferers and their observers, as well as self-alienation in the sufferers. While writings on sympathy for the sick elaborate on the compassion evoked by others' suffering, texts written by invalids aver that severe illness or long-term suffering endows the sufferers with a distinct epistemological and empirical perspective, which is not available to healthy people. In contrast to categories of subjectivity like class, illness and pain pose boundaries that can only be crossed with the help of the imagination and culturally determined forms of affective responses.

Galenic medicine, which privileged direct observation of the body and dissection in medical training, construed the human body as an object of medical study. This further affirmed the sick body's alienation and isolation. In the late eighteenth century, Scottish physicians in Edinburgh, a major center for medical research at the time, developed principles of medical ethics that valued sympathy for the sick. In "Medical Ethics' Appropriation of Moral Philosophy: The Case of the Sympathetic and the Unsympathetic Physician," Robert Baker and Laurence McCullough show that the physicians who promoted the image of the sympathetic physician were in direct conversations with David Hume himself. A Professor of Medicine at the University of Edinburgh named John Gregory (1724-1773), who also gave moral philosophy lessons, developed Hume's model of transpersonal sympathy as a model of medical ethics and disseminated these ideas through his lectures and

books. “Gregory shared with Scottish philosophers the view that morality was grounded not in reason or the intellect, but in the human capacity of sympathy with one’s fellows- i.e. our ability, in some sense, to *feel* the suffering of others” (Baker and McCullough , 9). The writers claim that “by the mid-nineteenth century, Gregory’s medicalized Scottish moral philosophy had become the conventional wisdom of the British medical school lecturer and of British medicine generally.” This new medical ethics was disseminated in the U.S. by his student Benjamin Rush and all over the European continent through translations of his works (Baker and McCullough, 12). These physicians’ endeavors to reintroduce sympathy into medical practice point to the prevalence of Galenic medicine and the distance it created between the medicalized body and the scientific community.

Philosophical theories of moral sentiment underlie some practices in professional nursing as well. I devote a large space to Florence Nightingale, who was a pioneer and cultural icon of professional nursing. I show how her principles of nursing manifest the contemporary theories of affect. I also discuss the narratives of nurses, who adopted alternative approaches to nursing and sympathy for the sick, through which they reaffirmed or reconstructed their patients’ and their own subjectivities. Then, I turn to novels and discuss how fictional representations of physical suffering incorporate the complexities of sympathizing with the sick. I show how structures of sympathy enable characters to reestablish their identities at the intersection of class and gender.

In response to critical works on the nineteenth-century culture of illness and medical care, which have tended to focus on the community-building functions of the

sickroom, my project foregrounds the alterity and abjection of bodies in pain in order to develop a more capacious definition of sympathy. Following Audrey Jaffe and Rachel Ablow, who discuss Victorian sympathy in context of class relations and marriage respectively, my project focuses on the illness-nursing dyad as an equally prominent affective structure.

This is a historicist project that draws from psychoanalytic terminology because affective responses to physical suffering can manifest themselves in both universal and culturally specific ways. This is why I make references to object-subject relationships and use terms like abjection and trauma, while emphasizing the historical specificity of sympathy in the Victorian period.

It is impossible to share in the physical experience of another. Even our cognitive relationship to our past experience of pain is mediated through memory. Both fictional and nonfictional narratives of physical suffering acknowledge possible affective and/or cognitive disjunctures between sufferers and healthy observers of the suffering. I use abjection to describe the distance and alienation that stem from this disjuncture. Sometimes, construction of sympathy is only possible by offering a narrative of suffering. These narratives transform the abject sick, wounded, or dying patients into objects for a sympathizer's gaze.

This does not mean that the mere fact that a person is in pain will not immediately evoke pity and compassion. But in this project, I am interested in cases when others' pain does not immediately create positive affective responses or when construction of sympathy for physical suffering is interpellated by social identities, political contexts, and cultural expectations.

As a narrative trope, sympathy creates a specific narrative structure in which the nurse figure acts as an agent of sympathy by triangulating affect between the sufferer and the readers. An illness and nursing narrative connects the sufferer, the nurse figure, and the reader of the narrative within an affective structure. Although I analyze novels along with published memoirs –two representational extremes— illness narratives in both types of texts reflect such structures of sympathy.

Emotions and Physiology

Identifying illness and nursing as a significant structure of sympathy is not arbitrary. Numerous critics like Peter Logan, Athena Vrettos, Miriam Bailin, Thomas Laqueur, Martha Stoddard Holmes, Beth Torgerson, and Jane Wood have discussed how affect and physiology were intertwined in the cultural imagination. They have explored the plethora of illness narratives and interpreted their social and cultural implications for the ways that the Victorians defined themselves and their world.² Disease is a social phenomenon, as much as a physiological one. In his collection of essays on the social history disease, Charles Rosenberg writes that “‘disease’ is an elusive entity” (Rosenberg, xiii). According to Rosenberg, disease always exists in a specific social frame. It is

at once a biological event, a generation-specific repertoire of verbal constructions reflecting medicine’s intellectual and institutional, history, an occasion of and potential legitimation of public policy, an aspect of social role and individual –intrapsychic—identity, a sanction for cultural values, an a structuring element in doctor and patient

interactions. In some ways, disease does not exist until we have agreed that it does, by perceiving, naming, and responding to it. (Rosenberg, xiii)

Vrettos and Diane Price-Herndl, among many others, show how sensibility and inclination to excessive emotion were seen as inherently feminine traits. Vrettos argues that because women were seen as more susceptible to the influence of their emotions, they were also designated as ideal observer and educator of their families and children. In *Somatic Fictions: Imagining Illness in Victorian Culture*, Athena Vrettos claimed that disease was a major cultural trope that shaped ideas of the relationship between the mind and the body, self and other, and public and private.³ In *The Sickroom in Victorian Fiction*, Miriam Bailin pointed to the important social and narrative function of the sickroom and illness episodes in Victorian fiction.⁴ She identified the sickroom as a privileged space that provides ideal conditions for social bonding and community-building between isolated individuals.

Emergence of modern psychiatry in the nineteenth-century cemented, categorized, and often pathologized various connections between emotions and bodies. Jane Wood's *Passion and Pathology in Victorian Fiction* traces the intersection of neurology and literature throughout the nineteenth-century, focusing on how their interactions influenced constructions of gender identity and the ideas about human consciousness. Juxtaposing the medical writings on nervous disorders and representations of emotion in literary texts, Jane Wood argues that Victorian novelists were in conversation with early neurologists and psychologists, who also tried to understand the complex processes of the mind. She argues that the discrepancy

between described and prescribed gender roles, social behaviors, and medical conditions lead to conflicting ideas of emotion and gender. These conflicts, in turn, became interpreted as gendered neurological conditions themselves. While nervous disorders such as hysteria trapped women in the domestic sphere, for men, nervous disorders were caused by the constant and constantly threatening gap between male experience and ideal masculinity. For example, medical books of early century on express anxieties about increasing nervous sensibility and hypochondria in men. Medical science categorizes this condition as “hypochondriasis” in order to establish it as a male nervous disease that is distinct from female hysteria. Empirical medical studies of hypochondriasis made it increasingly harder to distinguish between the two, novelists took up the sensitive hypochondriac male figure as a sign of falling back on feminine weakness. Wood argues that in contrast to the medical texts, literary texts explored the ambiguities of hetero-normative and patriarchal gender roles, which medicine tried to pigeonhole into separate pathologies for men and women.

Medical sciences associated certain types of affect with specific identities as Wood shows. Disease is instrumental in producing affect and identity categories, but this process is contingent on representation because no one actually feels another’s physical pain. What we receive is the symptoms of disease, or images and narratives of suffering. Of course literary critics have discussed issues of representing physical suffering and the affective impact of such representation in detail. Thomas Laqueur argued that the nineteenth-century novels and reformist writings adopted what he called “medical realism,” which inevitably produced humanitarian feeling though detailed depictions of others’ condition and suffering.⁵ In *Nerves and Narratives: A*

Cultural History of Hysteria in Nineteenth-Century British Prose, Peter Logan argues that disease, especially nervous disorders, generates narratives. He illustrates how the middle-class body came to be marked as sensitive, while working-class people were seen as pathologically insensitive.

Bodies produce affect; diseased bodies generate narrative; narratives generate more affect. Narratives of physical suffering can suppress negative responses like fear and disgust and train the observers of the suffering to feel humanitarian compassion. However, narrative can transmit dangerous emotions as well as appropriate ones. While social reformist writings counted on narrative's power to generate charity, compassion, and humanitarian feeling, there were also serious anxieties concerning narrative's potential to transmit excessive emotions. Logan, examines early nineteenth-century texts like *The Confessions of an Opium Eater* to show how the nervous body generates an effusion of words and narratives in both the nervous patients and their audience. Catherine Judd argues that in the mid-century, cultural anxiety of emotional contagion between patients and nurses valued silence and emotional restraint of the nurse (Judd, 28). The texts that I analyze in this project acknowledge the abjection of the sufferer and the possible antipathy felt by the audience of their suffering. While they construct therapeutic narratives of suffering and sympathy, they also emphasize silence and emotional restraint.

Evolution of Sympathy

Sympathy's relationship with medical knowledge is much older than nineteenth-century pathologizing of excessive or invasive affect. Between eighteenth

and nineteenth centuries, sympathy changed from a physical phenomenon into a moral act. Effects of this historical shift manifest themselves in the nineteenth-century scenes of sympathy, where individuals are expected to cultivate and express socially appropriate sentiments, rather than being overcome by the sentiments that they instinctively produce. Until then, medical knowledge accommodated the physiological and philosophical aspects of sympathy as interlinked phenomena.

The eighteenth-century physiologists described sympathy as the attraction or interaction between the organs of the body. Evelyn Forget shows that according to eighteenth-century physiological theory, sympathy was a bodily process that changed the understanding of the human body from being a machine into a more organic entity, in which an “etheric fluid” fills the space between the organs and enables them to interact with each other. “In this literature,” writes Forget, “sympathy is a special case of sensibility, and the terms are often used interchangeably. As sensibility accounts for the reaction of a particular organ receiving data from contact with the environment, sympathy is the communication of different bodily organs” (Forget, 290). Sympathy was also imagined as a mystical interaction between the physical body and environmental factors like objects, music, or the power of mesmerism.

This theory of sympathy led to seemingly bizarre medical treatments, like applying ointment on the knife that caused a wound rather than on the wound. Other occult practices such as mesmerism or animal magnetism eventually resulted in the association of sympathy with a weaker mind, susceptibility to influence of stronger minds, and by the end of the eighteenth century, with a state of vulnerability to the influence of revolutionary French ideas (Forget, 299).

In his 1837 miscellany *Curiosities of Medical Experience*, retired medical officer J. G. V. Milligan included a chapter titled “Sympathies and Antipathies” along with chapters on mandrakes, poisonous fishes, homeopathy, circulation of the blood, mummies, and coffee. Milligan describes sympathy as a physiological phenomenon that ensures harmony and order in the body:

We are as ignorant of the nature of these phenomena as of one these of gravitation, magnetism, and electricity... The ancients called sympathy *consensus*, and the moderns have also defined it a *consent of parts*; nor is this definition correct, since sympathy arises from the relative ties that mysteriously unite our several organs, however distant and unconnected they may appear; thus establishing a beauteous harmony between all the functions of the animal economy. (Milligan, 241)

Milligan writes that sympathies are of a physical or moral nature and that both can be modified by training. Although sympathetic influences have a material basis, assuming them to be mere instinct would be to assume that humans are simply animals. While the physical sympathies bring humans closer to their animal nature, training and disciplining ourselves to acquire appropriate sympathies elevates humankind.

A secret voice has spoken,- organism instinctively obeys... So far sympathy is instinctive; yet, like many instincts, it is more or less under the control of our reason. We often acquire an artificial partiality to substances that we naturally disliked. Our senses may be considered

the instruments of our sympathies; yet our senses are regulated by education and habit. (Milligan, 241-242)

The distinction Milligan makes between physical and moral sympathies shaped eighteenth-century moral philosophy. David Hume's understanding of moral sentiment reflects this anatomical theory of imperceptible "channels" in Milligan's words, or "strings" in Hume's words, through which sympathies and antipathies are transmitted.

By the nineteenth century, sympathy meant solely moral sentiment. Although Adam Smith and David Hume developed their models of sympathy at the same time, nineteenth-century writers adopted only Smith's model. Hume's theory of sympathy as a freely flowing affective energy is vastly different from the nineteenth-century image of sympathy as imaginative exchange. Subjectivity came to be imagined as the self-sufficient closed system, that was ideally impermeable to metaphysical flows of affect. The nineteenth-century scenes of sympathy feature individuals who cultivate and express proper affective responses toward each other across a psychic divide that differentiates them as individuals.

In *Strange Fits of Passion: Epistemologies of Emotion, Hume to Austen*, Adela Pinch claims that "[t]he writings of the empiricists shifted feeling from the realm of volition to the realm of understanding".⁶ Early Modern passion was often imagined as external force or "the essence of volition". Pinch notes that David Hume, who was influenced by Newton's theories of bodies and energy, explored the empirical origins of feeling and argued that feeling is individual and transpersonal at the same time. Hume understood feelings as "transsubjective entities that pass between persons"

(Pinch, 12). “Philosophy itself,” Hume wrote, “as well as social and aesthetic experience, depends on individuals who can rely on the individual authenticity of their own emotional responsiveness” (Hume, 56).

In *Framing Feeling: Sentiment and Style in English Prose Fiction, 1745-1800*, Barbara Benedict discusses the evolution of moral sentiment in eighteenth century philosophical writings, which also informed the sentimental literature of the period. “Frances Hutcheson,” she writes, “suggested that natural sympathy restrains human desires in accordance with mankind’s instinctive sense of moral beauty...Hume reintroduced a Hobbesian element of self-interest into the discourse on sensibility by stressing mankind’s multiplicity of passions, including pride” (Benedict, 2). Hume also argued that despite the fact that individuals differ in their experience of the world, they share natural altruistic instincts. Taste equals virtue according to the period’s aesthetic theory. By providing aesthetic pleasure sentimental literature trained its readers in moral sentiment as well. “Eighteenth-century sentimentalism not only encourages readers to nurture their feelings, but urges them to cultivate, shape, and train these feelings” (Benedict, 4).

Adam Smith complicated Hume’s theory of sympathy by considering somatic reactions to physical suffering such as cringing at the sight of bodily injury.⁷ He begins *The Theory of Moral Sentiment* with an example about sensitive people, who feel an itching at the sight of someone else’s sores. This mystical transmission of sensation from the sight of physical suffering to the viewer is a residue of the archaic model of sympathy, which Smith reminds his readers that physical sensations cannot be transmitted from one person to the other. It is the images of a suffering body that

produce affect in its spectators. He argued that our senses do not allow the Humean “emotional responsiveness” and that sympathy can be and is often generated by imagining oneself in the place of another. He wrote: “this is the source of our fellow-feeling for the misery of others, that it is by changing places in fancy with the sufferer, that we come to conceive or to be affected by what he feels” (Smith, 4). The metaphor of the spectator imagining himself in place of the sufferer, allowed Smith to modify Hume’s notion of transpersonal affect to accommodate liberal individualism.

Sympathy entails empathetic imagination of suffering, which erases the difference between the subject and the object of sympathy. However the differences that prompt sympathy in the first place, also sustain it. Barbara Benedict identifies the paradoxical nature of sympathy in criticism of sentimental literature of the eighteenth century

Sympathy operating through spectatorship, however, is offered to the reader as one way to socialize private feeling. By watching others, one can defeat radical isolation and begin to share their feelings.

Sentimental fiction thus corporealizes even ideal live like piety or patriotism, portraying feelings as visible on the body where they can be sympathetically observed. Still, this is a sad sympathy, for the spectator knows, as he or she watches, that he or she can only approximate knowledge of the other’s feelings. Indeed, the very process by which one vicariously experiences another’s feelings reminds one of the distance between one and another... Connection is thus always

separation; it is this paradox that makes sentimental heroes melancholy. (Benedict, 11)

The idea of the individual as a rational and responsible subject who uses empirical observation and judgment to make moral decisions undermined the model of transpersonal, universal, and unifying sympathy. In order for sympathy to be generated, there must be an initial disjuncture between the economic, physical, mental, or affective conditions of the object and subject of sympathy. This disjuncture is amended through sympathetic imagination, an imagined flux of feeling, and humanitarian feeling prompted by sense of duty toward fellow human beings. All of these possibilities rely on representation of the sufferer's condition. Thus, the definition of sympathy embodies tensions between the permeability and the solidity of the boundaries of the self, between the possibility of and skepticism about claiming a knowledge of interiority. These structures are central to doctor-patient and nurse-patient relationships in a culture where affect was imagined to be embodied and to be directly connected with medical treatment.⁸

Sympathy in the Nineteenth Century

Modernization of medicine and anatomy relegated humor theory and sympathetic attraction to archaic knowledge. The new model of sympathy was conducive to constructing narratives of sympathy that could accommodate the liberal individualist culture. It was often organized in the form of affective relationships, which I will call structures of sympathy. Structures of sympathy are social relationships –such as friendship, marriage, family, neighborhood, nursing, and

charity— that are imagined as intrinsically based on sympathy but at the same time are expected to generate it. For instance, friendship is by (a non-skeptical) definition a sympathetic relationship that also requires sympathy from the parties involved in it, thus perpetuating its own existence while organizing the feelings and behavior of the parties involved in it.⁹

Structures of sympathy are different from “structures of feeling” which Raymond Williams discusses in *Marxism and Literature* as the initial reactions of a society to a newly emerging social form.¹⁰ He uses the word “feeling” to emphasize the fact that these are half-formed thoughts and ideas about emergent social forms, a collective gut reaction to social change. I return to Williams’ concept in the final chapter as I interpret Mrs. Hale’s illness in *North and South*. By structure of sympathy I mean individual interpersonal dynamics, which can be influenced or determined by social contexts.

My approach to sympathy is informed by Rachel Ablow’s work *The Marriage of Minds: Reading Sympathy in the Victorian Marriage Plot*, in which she defines sympathy as “a psychic structure through which the subject is produced, consolidated, or redefined” (Ablow, 2). Ablow writes that she is not interested in seeing sympathy as a feeling but as a social and epistemological structure, “a mode of relating to others and of defining a self” (Ablow, 2). Ablow offers novel-reading as a structure that is akin to sympathy, because it simulates the experience of getting into someone else’s mind. Ablow points at the parallels between descriptions of marriage and descriptions of novel-reading that manifest this aspect of sympathy. Victorians claimed that “novel reading constitutes a way to achieve psychic, ethical, an affective benefits also

commonly associated with sympathy in married life: like a good wife in relation to her husband, novelists and critics claimed, novels could 'influence' readers and so help them resist the depraved values of the marketplace" (Ablow, 1).

While Ablow identifies novel reading as a simulacrum of sympathy between individuals who are isolated because of the market economy values like self-sufficiency, Audrey Jaffe foregrounds theatrical spectacle as the most conducive representational form of sympathy. In *Scenes of Sympathy*, Audrey Jaffe argues that visual spectacle was a privileged form of representing of sympathy. She argues that in the Victorian culture, sympathy was predominantly imagined as a phenomenon between liberal individual subjects. It was spectacular and contingent on the spectacle of suffering. She claims that sympathy is inseparable "both from the fact of representation, in a text's swerve toward the visual when the topic is sympathy, and from issues that surround representation, such as the relation between identity and its visible signs" (Jaffe, 3). Although Jaffe analyzes novels too, she argues that novelistic accounts of sympathy took the form of "scenes".

Ablow and Jaffe also comment on sympathy's function in forming socially positioned subjects. Jaffe points at the class difference in Victorian scenes of sympathy, which maintains the alterity of the object of sympathy. Sympathetic imagination, according to Jaffe, always embodies the threatening potential of exchanging places with the object of sympathy. Thus, the sympathetic subject, she says, is always a middle-class subject, stuck between aspirations of upward social mobility and the anxiety of falling. She discusses how class, gender, and national identities are constructed and challenged in these scenes of sympathy.

In contrast to sympathy for the people who are different from oneself, sympathy for the ones who are similar to the subject of sympathy function in forming the group identity. Tracing the dynamics of sympathy for members of the same social group to contemporary identity politics, Jaffe argues that “what has come to be known as identity politics, which conceives of identity as a form of group identification, reveals the tension between the liberal ideal of universal sympathy and the specificity of particular identifications” (Jaffe, 132). She shows how the bourgeois subject perceives of herself as a visual image in a capitalist economy of exchange, in which one’s object of sympathy is interlinked with one’s identity.

Ablow writes that “sympathy is a source of identity”. Miriam Bailin shows how fractured subjectivities can be healed in the sickroom. Characters reconstruct their subjectivities by forming bonds of community and kinship. Jaffe imagines her subjects of sympathy as members of the middle-class and writes about how their sympathetic gaze positions them as middle class spectators.

Identities shaped in structures of sympathy are not limited to gender and class of course. Discourses of sympathy often become a discourse of national identity and unity. Evan Gottlieb argues that “David Hume’s and Adam Smith’s influential formulations of sympathy had significant had significant implications for fostering a sense of shared national identity between the English and the Scots” (Gottlieb, 83). Amit Raj writes about sympathy as a potentially oppressive power dynamic in colonial contexts. He argues that specifically in missionary and abolitionist writings, sympathy is implicated in “an ‘economy of violence,’ in which the very offer of

sympathy requires the distance between subject and object it ostensibly seeks to efface” (Raj, 99).

Following these critics, my project also emphasizes the fact that sympathy involves power dynamics, which can transform it into a mode of entrapment for the object of sympathy. Although family members seem to be the default choice to nurse the sick, there is also considerable uncertainty and anxiety about who shall have access to the sickroom. There are many illness scenes in Victorian novels, where a character refuses to bond with family, or scenes where the decision of who will have the license to nurse the patient becomes a pivotal issue for the plot. For instance, Ruth’s exclusion from her lover’s sickroom by his mother leads to her exclusion from the marriage plot and her subsequent “fall”. Jane Eyre and Amy Dorritt, on the other hand, are able to resolve their issues of marriage by nursing their lovers. In *The Woman in White*, Laura Fairlie’s sickroom is protected by her half-sister Marion, thus buying time against her evil uncle Mr. Fairlie and his accomplice Count Fosco’s schemes to take over her inheritance. The privacy of the sickroom buffers Carmina against her evil aunt in *Heart and Science* too. Oliver Twist, Smike, and Caroline Helstone are among the many orphans who find family in their sickroom. The anxiety around granting the license to nurse indicated that there is more at stake in forming the nursing dyad than practical reasons.

The final contribution of the project to discussions of sympathy and suffering is accounting for counter-examples of sympathy. Diseased bodies can be alien to the healthy observers, not only because understanding the pain of others is an epistemological challenge, but also because we instinctively flee from pain. In

Sympathy and Solidarity, Bartky points at the role of self-interest in the cognitive failure of understanding the plight of others.¹¹ She argues that selfish or self-preserving nature of human beings motivates the problem of alterity and ethical response to one's others. Inability to comprehend someone else's pain is not an epistemological issue: "Theorists, whatever their orientation, know that self-interest, not failure of understanding alone, often lies at the heart of the misrecognition of the Other: the solution to this disturbing insight, however, is typically posed in terms of more and better cognition" (Bartky, 70).

Narratives of suffering function in transforming instinctive reactions into civilized compassion. Specific forms of representation can also remedy epistemological challenges posed by fundamentally alien bodies, such as disabled bodies. Martha Stoddard Holmes argues that disability was predominantly associated with excessive emotion and therefore, represented in melodramatic narrative forms.¹² Excess emotion of melodrama, she argues, compensates for the gap between normatively able and disabled bodies. It is very difficult to rationally grasp or cognitively relate to disability because disability is defined against normatively abled bodies. Holmes argues that the intense emotion embraced by melodramatic narratives fill this cognitive gap.

In the beginning of the nineteenth century, sympathy began to include alterity and difference as well as similarity or affinity. In "Sympathy and Science in *Frankenstein*," Janis Caldwell argues that "Shelley invites the reader to a kind of sympathy based not on identification, but on active accommodation of difference" (Caldwell, 273). Isabelle Bour reads *Caleb Williams*, *Waverley*, and *Frankenstein* as

“end-of-sensibility novels, as works depicting how the ethical-epistemological model of sensibility has become insufficient as an account of the human mind, yet at the same time acts as a ferment for a new representation of the psyche and of man as a social being” (Bour, 813). Bour uses the definition of sensibility as a physiological concept and Smithian sympathy as its social manifestation. She shows how these novels depict sensibility as involuntary sympathy that is surprisingly not necessarily conducive to benevolence. “‘True’ sensibility is thus implicitly depicted as an idyllic, prelapsarian form of human exchange. ... Sensibility and Smithian sympathy cannot hope to regulate society in which selfish passions of various kinds are shown to prevail” (Bour, 816).

While social and cultural histories of the novel point at a move toward individualism in the beginning of the century, psychoanalytic theories argue for a universalist approach to the sufferer’s isolation. Suffering body does not always immediately evoke benevolent sentiments. Extreme suffering can destroy language and shut the sufferer within their own body as Elaine Scarry argued in *The Body in Pain*. Before it is a suitable object of sympathy, bodily pain has to be recreated within a narrative that gives meaning to the suffering.¹³ Julia Kristeva uses the corpse as the sign of abjection until it is reinterpreted through religious or scientific discourse. In *Powers of Horror*, Julia Kristeva explores primordial aspects of encountering physical suffering and bodily disintegration, which are not socialized through structures of sympathy.¹⁴ She defines abject as what the self is not or something that is recognized as “not self” and analyzes abjection in the embodied experience of repulsion toward

wounds and corpses. According to Kristeva, the revulsion invoked by abjection is a fear of the inherent interchangeability between the abject and the self:

A wound with the blood and pus, or the sickly, acrid smell of sweat, of decay, does not *signify* death. In the presence of signified death- a flat encephalograph, for instance- I would understand, react, or accept. No, as in true theater, without makeup or masks, refuse and corpses *show me* what I permanently thrust aside in order to live. These body fluids, this defilement, this shit are what life withstands, hardly and with difficulty, on the part of death. There, I am at the border of my condition as a living being. My body extricates itself, as being alive, from that border. Such wastes drop so that I might live, until, from loss to loss, nothing remains in me and my entire body falls within the limit –*cadere* [Lat. to fall], cadaver. (Kristeva, 3)

Encountering the abject in the form of a disintegrating or dead body is traumatizing because it reminds the subjects of their own vulnerability, while repulsion resituates them back in a symbolic order. A corpse, without its cultural context and meaning, is an encroachment on life and the living self. The border that defined the subject as distinct from the abject becomes an object by itself, thus, according to Kristeva, annihilating the subject. Therefore, rejection and repulsion are acts of constructing protective “borders” that the presence of the abject threatens. Abjection of the physically suffering, decaying, or dying body is an important concept that this project introduces to the critical conversations on sympathy.

Cultivating sympathy vis-à-vis physical suffering posed challenges and complexities, but it was an important space of social and moral education.

Chapter Overview

As Martineau wrote, life in the sickroom reveals that sympathy has many different kinds, manifestations, and consequences. Sympathy felt by a middle-class woman for a hunger-stricken worker differs from sympathy of a daughter toward her estranged mother. The sympathy of a newspaper reader for wounded soldiers has different political significance from the sympathy expressed by a colonial subject for the same soldiers. This project visits many sickrooms, as it analyzes narratives of suffering and sympathy offered in different texts. It peeps into hospital wards, army camps, convent cells of ailing nuns, sickrooms of orphans in their adopted homes; it visits working-class homes in the company of lady-visitors, and stands by the bedside of manufacturers and mill-owners, who are physically injured as a result of class struggle. Finally, it stops at the door of sickrooms that are closed off to narration. Each chapter examines narrative conventions used in representing suffering and discusses the emotional, social, and political implications of sympathy for its objects and subjects.

The first two chapters analyze affect and suffering in critically neglected texts of life-writing by nine women, who worked as nurses during the Crimean War. These nursing memoirs contributed to national narratives of the war, which were undergirded by sympathy for the suffering British soldiers. By offering healing narratives of sympathy for the site of social trauma that the war had become, these

women were also able to articulate their opinions on nationalism, war, religion, or class and inscribe themselves as professional women and national subjects. While the first chapter delineates the dominant nursing culture initiated by Florence Nightingale during and after the Crimean War, the second chapter analyzes the critical responses to Nightingale nursing by underprivileged women, who adopted and defended alternative approaches to sympathy for the sick.

In the first chapter, I use nursing manuals published after the war and the Crimean War nursing memoirs to illustrate basic tenets of Nightingale nursing like emotional control, strict obedience to authority, and sexual purity. The memoirists employ common tropes and conventions of narrating physical suffering, which are significant not only because they throw light on understanding of the nature of sympathy for the sick, but also because they recur in fictional illness and nursing narratives too. These tropes and conventions are on emotional control, occasional inability to narrate suffering, abjection of the patient, and interchangeability between patients and nurses. All the nurses mention experiencing apathy and inability to narrate overwhelming suffering, which manifests the dual status of the sufferer as abject as well as object of sympathy. I discuss the four solutions they use to remedy these moments of narrative breakdown and to manage abjection: sublimating pain via Christian imagery, quantifying, excluding from the text, and transforming abjection through maternalism. Following up on the abjection of the sufferer, I discuss dynamics of interchangeability between the objects and subjects of sympathy, which is the basis of my analyses of the literary texts in the following chapters. Chapters 3 and 4 return to abjection of the sufferer and the role of representation in producing

sympathy. The final section of Chapter 1 discusses issues in representing male suffering. Most of the writers oscillate between describing their patients as heroic soldiers and innocent children in their efforts to maintain the fine balance between presenting the British soldiers as objects of sympathy and preserving their masculinity. Chapter 3 further develops the relationship between wounded masculinity and affect in the male *Bildungsroman*.

The second chapter discusses the responses to Nightingale nursing by marginalized women such as the Jamaican merchant Mary Seacole, Welsh domestic servant Elizabeth Davis, and three Irish-Catholic nuns Sister Joseph Croke, Sister Mary Aloysius, and Mother Frances Bridgeman. These women employ maternalism and non-normative forms of domesticity as textual and performative subjectivities to challenge Nightingale's iconicity and to negotiate their own places in the British nation. I argue that the maternalism performed by Seacole, who deliberately omits her own daughter from her autobiography, Davis, who adamantly refuses to get married, and nuns who have renounced worldly matrimony and family life, is a textual persona. I discuss the function of performative maternalism in context of national identity. In contrast to the popular presentations of nursing as professional, secular, emotionally restrained, altruistic service, these women also represent their nursing experience as impulsive maternal compassion, paid work, and or religious calling.

This chapter is divided into three sections. The first section shows how Seacole's style was antithetical to Nightingale nurse model and shows how she sutured the gap between herself and the ideal nurse image by foregrounding her maternalism. This section also argues that the maternalism, adopted by many

memoirists including Seacole was a performative textual persona. Most of these women have renounced marriage and family for various reasons yet they all present themselves as maternal figures. The second section of this chapter discusses the nuns' vocational ethos and their power struggles with Nightingale to show how the nursing staff was not as harmonious as some other memoirists claimed it to be. And finally, I discuss Elizabeth Davis who presents nursing as paid work rather than national duty. This section compares Davis and Seacole as internal and external colonial subject and discusses how different memoirists perceived different forms of compensation for their work depending on their position vis-à-vis the British nation. While Seacole underscores her maternal self-sacrifice for her British sons in order to raise funds, her citizenship allows Davis to openly discuss wages. The nuns, on the other hand, refuse any monetary compensation in order to retain their independence from the secular state.

Chapter 3 shows how novelistic representations of male suffering develop wounded masculinity as a hegemonic model of masculinity. I examine male friendships between physically and economically incapacitated characters in two male Bildungsromans, Charles Dickens's *Nicholas Nickleby* and Dinah Mulock Craik's *John Halifax, Gentleman*. Bringing disability and masculinity studies into dialogue, I argue that rather than expressing merely anxiety about British masculinity, representations of wounded masculinity articulated an acknowledgement of the categorical gap between hegemonic masculinity and male experience. Sympathy for the suffering male transforms such wounded masculinities from marginality to positions of hegemony. The disabled male companions function as objects of

sympathy, thus allowing the socially and economically disempowered protagonists to gain social and moral authority as their sympathizers.

Emotional restraint, good manners, and moral purity were integral to the prescriptions of the hegemonic model of masculinity as well as ideal nursing. One could claim that good nurses made good patriarchs. Not surprisingly, caring for suffering male companions is an important part in the making of the Victorian gentleman in the *Bildungsroman* and male education plot. Young, inexperienced, rash men are trained into domesticity and gentility through their companionships with weaker men. This chapter argues that the physical suffering male companions function as a metonymy of the hero's socio-economic incapacitation. The disabled companions Smike and Phineas help to resolve the dilemma of producing sympathy for the novels' heroes, without allowing to undermine their masculine authority.

In the fourth chapter, I examine the relationship between corporeality, representation, and affect in novelistic examples of resistance to sympathy on the level of character or narrative, such as Mrs. Hale's mysterious disease in Elizabeth Gaskell's *North and South* and the indirectly narrated illness episodes in Charlotte Brontë's *Shirley*. In this chapter, I revisit the connection between representation and affect, as well as affect and power. I analyze the dying middle-class mother Mrs. Hale as the counterpart of her daughter's also terminally ill working-class friend Bessy Higgins in the novel's affective economy. Mrs. Hale's disease and sickroom strangely resist narrative, unlike Bessy, whose physical suffering dominates the narrative. This contrast stems from the class difference between the two characters. Unlike the working-class members who have traditionally been the subject matter of "condition

of England” writings, sick middle-class bodies are rarely used as symptoms of the conditions of their own class. I offer an explanation for Mrs. Hale’s persistent elusion of representation by arguing that her fractured subjectivity is too fragile to sustain a structure of sympathy, while Bessy can because her subject position as the object of social reformist sympathy is already established in existing narratives of sympathy for working-class condition.

Destabilized and destabilizing subjectivities are not always conducive for constructing narratives of sympathy. This is an issue for two of the main characters in Charlotte Bronte’s *Shirley*. Each of the four main characters, Shirley, Caroline, Louis, and Robert have individual illness or injury scenes, which reflect the way they respond to and fashion their gendered and class positions. While Caroline’s “heroine disease” and Robert’s heroic endurance to the pain of his gunshot wound make perfect narrative spectacles of their suffering, Louis’s illness episode and Shirley’s imagined rabies fit remain outside consistent novelistic narrative. Shirley’s visit to her tutor and future lover’s sickroom breaks down the novelistic narrative and turns the scene to a dramatic text. Shirley herself is adamant about not allowing any family members to her future sickroom, where she imagines dying from rabies. I will explain what is at stake for these characters in hiding their pain from the gaze of others around them as well as from the readers’ eyes. Like Mrs. Hale, Shirley and Louis’ unconventional and destabilized identities make them too vulnerable to become objects of sympathy.

The chapters are linked to each other in different ways. Chapter 1 surveys common conventions and tropes of narrating physical suffering and proper sympathy,

while the other three chapters show how socially positioned objects and subjects of sympathy construct their identities. The second chapter discusses how nursing allowed some women to negotiate their national identity, while the third chapter shows how narrative spectacles of suffering allowed disenfranchised men to reconstruct their masculinity through a language of sympathy. The final chapter discusses class and shows how class difference can lead to different narratives of illness. In the first two chapters, I use a group of non-fictional texts to discuss the rhetorical uses of sympathy at the intersection of nationality and gender. The third and fourth chapters turn to literary texts and discuss intersections of class and gender. While the third chapter shows how representations of physical suffering allow male characters to accrue affective capital, and thus, reconstruct their masculinity, the fourth chapter shows that dangerously destabilized subjectivities can relegate the sufferers into abjection and impede sympathy.

Notes

¹ Harriet Martineau, *Life in the Sickroom*. New York: Broadview, 2003: 49.

² For the social history of medicine see Roy Porter's work, Michel Foucault's *Birth of the Clinic: an Archeology of Clinical Perception*. New York: Vintage Books, 1994; Charles Rosenberg's *Framing Disease: Studies in Cultural History*. New Jersey: Rutgers UP, 1992; Jeanne Peterson's *The Medical Profession in Mid-Victorian London*. Berkeley: University of California Press, 1978; Catherine Judd's *Bedside Manners: Nursing and the Victorian Imagination, 1830-1880*. New York: St. Martin's Press, 1998; and Joan Lane's *Making of the English Patient*. London: Sutton Publishing, 2000. For a cultural history of disease see Charles Rosenberg's *Framing Disease*. New Jersey: Rutgers UP, 1992.; Athena Vrettos' *Somatic Fictions: Imagining Illness in Victorian Culture*. Stanford: Stanford UP, 1995; Lucy Bending's *Representation of Bodily Pain in Late Nineteenth-Century England*. New York: Cambridge UP, 1994; Maria Frawley's *Invalidism and Identity in Nineteenth-Century Britain*. Chicago: University of Chicago Press, 2004. For literary representations of illness, medicine, and nursing see Miriam Bailin's *The Sickroom in Victorian Fiction*. New York: Cambridge UP, 1994; Diane Price Herndl's *Invalid Women: Figuring Illness in American Fiction and Culture, 1840-1940*. Chapel Hill North Carolina UP, 1993; Stoddard-Holmes' *Fiction of Affliction: Physical Disability in Victorian Culture*. Ann Arbor: University of Michigan Press, 2004; and Kristine Swenson's *Medical Women in Victorian Fiction*. Columbia; Missouri UP, 2005.

³ Athena Vrettos, *Somatic Fictions: Imagining Illness in Victorian Culture*. Stanford: Stanford UP, 1995.

⁴ Miriam Bailin, *The Sickroom in Victorian Fiction*. New York: Cambridge UP, 1994.

⁵ Thomas Laqueur, "Bodies, Details, and the Humanitarian Narrative" in *The New Cultural History*. Berkeley: University of California Press, 1989: 42-65.

⁶ Adela Pinch, *Strange Fits of Passion: Epistemologies of Emotions, Hume to Austen*. Stanford: Stanford UP, 1996: 18-19.

⁷ Adam Smith, *The Theory of Moral Sentiments*. New York: Prometheus Books, 2000: 4-7.

⁸ In *Nerves and Narratives: A Cultural History of Hysteria in Nineteenth-Century British Prose*, Peter Logan illustrates how a middle-class body came to be marked by sensitivity, while working class people came to be seen as pathologically insensitive. Athena Vrettos and Diane Price-Herndl among many others show how sensibility and a tendency for excess emotion were seen as inherently feminine.

⁹ I include familial relationships as socially constructed as well because the nineteenth century expanded the definition of family and kinship beyond blood relations. Drawing attention to the adoption plot as a distortion of the family genealogy but also a new potential for the orphan plot, Tess O'Toole states that "[t]he lack of a legal framework with which to legitimize an adoption [prior to the 1926 Adoption Act] made such reconfigurations of the family both more flexible and more tenuous than

modern adoptions and, thus, arguably more aligned with fiction than would otherwise be the case" (O'Toole, 59).

¹⁰ Raymond Williams, *Marxism and Literature*. Oxford: Oxford UP, 1997.

¹¹ Sandra Lee Bartky, "Sympathy and Solidarity" in *"Sympathy and Solidarity" and Other Essays*. Boulder and New York: Rowman & Littlefield Publishers, 2002.

¹² Martha Stoddard-Holmes, *Fiction of Affliction: Physical Disability in Victorian Culture*. Ann Arbor: University of Michigan Press, 2004.

¹³ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World*. New York: Oxford UP, 1985.

¹⁴ Julia Kristeva, *Powers of Horror: An Essay in Abjection*. 1942. New York: Columbia UP, 1982.

Chapter 1

Suffering and Sympathy in the Crimean War Nursing Memoirs

The Crimean War fostered and solidified a self-image of Britain that was construed through injury and defeat, as attested by the popularity of Tennyson's "Charge of the Light Brigade," which famously laments and glorifies a strategic blunder and the subsequent heavy defeat. Whether it is the newspaper reports or first-person accounts, sympathy for the wounded, sick, and suffering British soldiers was an important trope that bestowed power, license, and social significance to the texts about the Crimean War. Not only did these texts inform the public of the conditions in Crimea and Constantinople, but they also functioned as structures of sympathy that aimed to manage and align nationalist sentiment on a public scale.

The much needed agents of active sympathy who counter-balanced the passive, powerless reading public at home were military nurses. As it is well-known, one of the most notable names of the war was Florence Nightingale, who provided the public with a much-needed hero.¹ Because of Nightingale's public stature, the Crimean War became a pivotal event in nursing history, mobilizing the reform and professionalization of nursing under Nightingale's initiative.² In addition to inaugurating institutional reforms, the war also gave birth to a plethora of texts in which certain conventions of narrating physical suffering were crystallized.

This chapter analyzes some common tropes and issues in representations of physical suffering and sympathy for the sick in nursing manuals and memoirs written during and after the Crimean War. These texts often position themselves in relation to

Nightingale's principles of affective discipline in nursing. Sympathy was a very amorphously defined kind of affect which was called cheerfulness, enthusiasm, tact, intelligence, "mother wit," or delicacy in different manuals. It was generally described as natural and artless emotion, yet also entailed maintaining control over one's excessive feelings. Despite such conflicting definitions however, many nursing manuals published after Nightingale's nursing reform, agree on the vital importance of sympathy that manifests as affective control. As I analyze these texts, I indicate a tradition of narrating suffering that exemplifies proper, asexual, and self-effacing affective bonds between nurses and soldiers, utilizes standardized tropes that lead to a lack of individuality, and displays a general hesitation to criticize Nightingale. In the second chapter, my readings will focus on counter-examples that are self-promoting, strongly individualist, and, at times, belligerently critical of Nightingale's choices.

The figure of the sick or wounded British soldiers and a nationalist imperative to sympathize with their suffering were the driving force of the writings generated by the war. Professional nurses from St. John's Hospital and nuns of the Bermondsey, Norwood, and Sellon orders, who were sent to the military hospitals in Constantinople and Crimea, contributed to the textual constructions of nationalist sentiment by publishing their memoirs, which depicted them acting as the direct agents and narrators of sympathy for the soldiers. The writers of these texts derive their narrative authority from having served as active agents of sympathy for the sick and wounded British soldiers. In their memoirs, they depict sympathy for the soldiers as their national duty and they endeavor to inculcate the same sentiments in their readers by

frequently urging them to use their sympathetic imagination as they consume the reports of the battlefield.

In this chapter, I use diaries and memoirs of nine women, whose texts are reflective of an emergent professional nursing culture in the Victorian era. I analyze these nursing memoirs as a subgenre of Victorian life-writing with common tropes, conventions, and approaches to narrating physical suffering and sympathy for the sick, such as subordinating the personal life to the account of the Crimean episode, anxiety about procuring enough food for the patients, maternal compassion, obedience to orders, discretion, being cautious against proselytizing, ability to maintain control over excess emotion. These tropes also became part of the formation of a new profession. Florence Nightingale's letters and nursing memoirs by Mary Seacole and other less recognized women with allegiances to different parts of Britain, reveal the conflicting models of nursing in circulation at the time, which were interlinked with and guided by their writers' identity politics and power struggles. Thus, through their memoirs they participate in a construction of nationalist sentiment on a public scale, while claiming their place in the nation.

Critics have extensively studied representations of the Crimean War in fiction and the periodical press, but there has been little scholarly attention paid to the Crimean War nursing memoirs.³ Immersed in issues of caring for and narrating physical suffering, the writers often reflect on the nature of sympathy for the sick, the role of affect in professional care work, and the sufferers' responses to sympathy. Both Florence Nightingale's Crimean letters and these memoirs embody professionally and socially endorsed models of sympathy for the sick, which were

concomitantly disseminated through the nursing manuals to professional nurses and lay audience.

I will be drawing conflicting conclusions from my readings of the texts because I am examining the emergence of a rhetoric of professionalization and identifying the complicated and contradictory claims that belied this profession's unity. It is impossible to make an overall argument on sympathy and physical suffering also because the texts attest to the rich diversity of human experience and emotion. Therefore, I use nursing manuals to illustrate the prescriptive notions of sympathy and read the memoirists' personal observations against the manuals. The nurses and nuns who kept journals and published memoirs either adhere to these norms or digress from them, depending on their individual affiliations and backgrounds.

Introducing the writers

Twenty-two paid nurses, fifteen nuns, and nine "lady volunteers" accompanied Nightingale on her voyage to Constantinople. A selection committee designated by Nightingale received and evaluated the continuing applications after her departure. A total number of 142 women worked at the four British military hospitals in Constantinople and the army hospital in Balaclava throughout the war.⁴ Many of them kept journals during their stay, seven of which were published as memoirs and autobiographies. The Crimean War nursing memoirs were published in three different times: immediately after the war, after 1863 when William Alexander Kinglake's popular chronicle *History of the Crimean War* appeared in print⁵, and finally, from the

1880s to the early twentieth century either as the women approached the end of their lives or posthumously by their relatives.

The lady volunteers supervised the paid nurses rather than participating in menial tasks. Frances Taylor is one of these volunteers who worked closely with Nightingale at the Barrack Hospital and later took charge of the Koulali Hospital. After the war she converted to Catholicism. In 1856, she published *Hospitals and English Nurses; The Narrative of Twelve Months' Experience in the Hospitals of Koulali and Scutari by a Lady Volunteer* in which she gives a detailed report on the nursing system at the hospitals and displays her loyalty to Nightingale and the British army.⁶ Another upper-class woman who published her memoirs was a Protestant clergyman's wife, Lady Alicia Blackwood. Blackwood did not apply for a nursing position, but she opened a small hospital for officers' wives while she was in Scutari and paid frequent visits to the Barrack Hospital, where her husband worked as a chaplain. Her 1881 memoir, titled *A Narrative of Personal Experiences and Impressions during my Sojourn in the East throughout the Crimean War*, is a nostalgic account of her war experience and her travels in Constantinople and Crimea.⁷

The second group of nurses consisted of the Sisters of Mercy, who were Protestant and Catholic nuns sent from Bermondsey and Sellon convents. Among these, Margaret Goodman and Sarah Anne Terrot were members of an Anglican Sisterhood called the Sellon Sisters, named after its founder Priscilla Lydia Sellon. Margaret Goodman left her convent after the war, returned to a secular life, and in 1862, she published *Experiences of an English Sister of Mercy*, which she used as an

opportunity to criticize the convent system.⁸ The first part of her memoir records her experiences of nursing the poor in Plymouth, during a cholera outbreak and includes her critical observations on the nuns' lifestyle. The second part of the memoir chronicles her services as a nurse at the Barrack Hospital. Sarah Anne Terrot's journal, which she kept during the war, was revised for publication at the end of the century and published in 1935 by her nephew under the title *Nurse Sarah Anne: With Florence Nightingale at Scutari*.⁹ Like Blackwood and Taylor's memoirs, Terrot's text is an earnest account that is wary of criticizing Nightingale's work in the hospitals.

In December 1855, a second group of nuns arrived under the charge of Mary Stanley.¹⁰ Some of nursing memoirs mention conflict between these Sisters of Mercy and the secularist and at times anti-Catholic management of Nightingale. In 1855 a group of nuns under the supervision of Mother Frances Bridgeman asked to be transferred to the army hospital at Balaclava. The memoirs and diaries of three Irish-Catholic nuns in this group, Sister Mary Aloysius Doyle, Sister Mary Joseph Croke, and Mother Frances Bridgeman, were collected by Maria Luddy in 2004 as a single volume titled *The Crimean Journals of Sisters of Mercy, 1854-56*.¹¹ This collection offers an opportunity to compare the levels of criticism against Nightingale in each woman's narrative. Out of the three texts, only Sister Mary Aloysius Doyle's Crimean journal was published as a memoir titled *Memories of the Crimea* in 1897, after she received a medallion from Queen Victoria. In 1927, Aloysius also contributed to a volume titled *These Splendid Sisters* on the services of Irish-Catholic nuns in history.¹² Aloysius's memoir covers only her war experience and she is quite militant

in her defense of the Irish-Catholic Sisters. Mother Frances Bridgeman's "An Account of the Mission of the Sisters of Mercy in the Military Hospitals of the East — Beginning in December 1854 Ending in May 1856, by Mother Frances Bridgeman" is a report written for the information of her superiors. She gives an account of the nuns' services during the war and presents a defense of their infamous conflict with Nightingale. The most critical text among these is the unpublished diary of Sister Mary Joseph Croke, who has a penchant for composing poems satirizing Nightingale or praising the Sisters of Mercy.

Perhaps the most interesting text in terms of the conditions of its composition is the autobiography of a Welsh domestic servant named Betsy Cadwalladyr, or Elizabeth Davis. This text was actually written by Jane Williams, a Welsh anthropologist and local historian, who interviewed Davis for an oral history project and penned the "autobiography" after a meticulous fact-checking process. Therefore, although it is written in the first-person, Davis's "autobiography" contains Williams' footnotes and certain chapters are supplemented by supporting first-person accounts. In the "autobiography," Davis recounts her travels around the world with her employers, her various commercial ventures and failures, the persistent attempts of a gentleman named Barbosa to marry her as he apparently follows her around the world from Rio de Janeiro to Sydney. Like Goodman, Terrot, and Seacole's texts, Davis' autobiography has two sections. The first section chronicles her travels around the world, which culminate in the Crimean episode that the second section covers.

It is not easy to talk about the Davis's "personal style" or narrative choices since the text is a collaborative project. Nevertheless, her opinions, the choices she

makes in her life, and her descriptions of nursing are significantly different from the rest of the nursing memoirs. The factual and matter-of-fact style of ethnography/oral history, together with Davis's working-class pragmatism, makes this text quite distinct from the markedly sentimental style of the other memoirs. Davis narrates her experiences with the force of her rebellious and strong-minded spirit and she is openly critical of Florence Nightingale. The three Irish nuns and Davis share consciousness of their positions as ethnic minorities. They also represent the opposition to Nightingale's nursing vision. For the nuns, Christian duty has priority over nationalist sentiment as the motivation of their work, while for Davis, nursing is work and an opportunity to travel. As the second chapter will show, allegiances and identities of the women lead them to dissent from the discourse of nationalist sentiment adopted by the nurses who were closer to Nightingale.

Among the Crimean War nursing memoirs I collected, one stands out with its writer's distinct personal background. This is the Jamaican sutler and "doctress," Mary Seacole's 1856 autobiography, *The Wonderful Adventures of Mrs. Seacole in Many Lands*. Despite the marginality of its writer, the text is a perfect representative of the British war memoirs and should be read as a Crimean War nursing memoir.¹³ Only the second half of Seacole's narrative covers her Crimean War adventures, but the details she chose to include in the first part such as her competence in nursing, her affinity for British soldiers, her lack of family, develop her life story toward its Crimean episode. This is a common narrative strategy in the other Crimean War nursing memoirs too. These texts share some commonalities besides this specific narrative structure. Like Taylor, Terrot, and Goodman, Seacole appears to be eager to

offer an account of war nursing to the British public. Like Doyle, Croke, Bridgeman, and Davis, she addresses her readers from a minority position and argues for the superiority of her work and her valuable service to the British nation. Like Goodman, Terrot, and Davis, she uses the weight of this historic event to narrate her rich life experience and to express her opinions on the war.

Mary Seacole was a self-trained nurse and a tradeswoman. Her autobiography is the only primary source of information regarding her life. She was born in Kingston, Jamaica in 1806 to a Scottish father and a Creole mother. She got her first informal medical training helping her mother, who was a doctress. After her husband died, she went to Panama and ran a hotel with her brother. She used her knowledge of folk medicine to treat cholera patients during epidemics in Panama and worked with British medical officers. In 1856, while planning to venture into gold hunting she got news of the Crimean War and decided to go to Britain to help the British soldiers, some of whom she had met and nursed in Panama. She traveled to London and offered her services to the War Department as volunteer nurse. After being declined by the War Department, Medical Department, and Florence Nightingale's recruiting committee, she traveled to Balaclava and opened a store by her own means, where she worked as a sutler and a nurse.

During and after the war Seacole's endeavors were celebrated in England in *Times*, *The Illustrated London News*, and *Punch*. Lord Rokeby and William Russell organized a fundraising dinner for her in the Surrey Gardens. She died in London in 1886. Her adventurous spirit and strong personality is reflected in the picaresque elements of her autobiography. After the Crimean War, the British press embraced her

self-presented image as a stout, emotional, and maternal figure allowing her to briefly enjoy a fair amount of fame. She was forgotten until the recent efforts to recover and promote her as a forgotten Crimean heroine.¹⁴

All the women who recorded their war experience, their nationalist sentiments, their pity for the soldiers, and their services weave their narratives with descriptions of physical suffering. The sufferers, whether these are soldiers, fellow nuns, or beneficiaries of their charity work, allow the writers of these texts to position themselves on par with their readers as subjects of sympathy for the sick and wounded.

The Crimean War and Development of Professional Nursing

Nursing was institutionalized after mid-century, mostly under the charge of Florence Nightingale, who continues to be an iconic figure in British nursing history.¹⁵ In the early nineteenth century, professional nursing consisted of menial tasks such as cleaning and feeding patients. Working-class women were hired as nurses in voluntary and teaching hospitals or as private nurses in middle-class homes. In the government-run workhouses, where large numbers of sick and dying inmates were housed, some of the inmates were hired to take care of their sick or invalid fellow-inmates. There were also Catholic and Anglican Sisterhoods, but the nursing service they could provide was limited, especially compared to the old and established nursing system of the French Sisters of Charity. For the most part, nursing was a low-income job for working-class women that required little training. Before 1860s, the vocation was motivated either by financial need or religious charity.

The Crimean War was a famously pivotal point in history of British nursing. A large part of the casualties of the Crimean War resulted from lack of food, clothing,

and medical care rather than poor military planning or an overpowering enemy. Available medical and surgical methods were ineffectual in treating the vast numbers of soldiers that were suffering from dysentery, typhoid fever, gangrenes, and cholera. 16,000 casualties out of the total of 21,000 died from disease. William Russell reported on the poor conditions of the army, the bureaucratic incapacities of officers at the front, as well as the poor condition of military hospitals at Scutari. The public opinion on the war was shaped by patriotic sentiment, pity for the suffering soldiers, and frustration with the lack of military nursing. The French nuns, called the Sisters of Charity had a two hundred year old nursing system. Consequently, establishing an organized military nursing system for the British army became a matter of national pride, as it can be seen in periodical articles titled “Aren’t There Any English Sisters of Mercy?” The nurses in Constantinople and Crimea proved that women could work as professionals in one of the most male-dominated institutions and paved the way for women’s professionalization in medicine.

Florence Nightingale provided the public with a war hero. The admiration and reverence she received as a result of her efforts during the war, enabled her to mobilize the professionalization of British nursing by opening her nursing school at St. John’s Hospital.¹⁶ The nursing manual *Notes on Nursing; what it is and what it is not* which she published after the war became a classic nursing textbook. The principles of nursing that she promoted in the book were informed by the contemporary medical approach to affect as well as her war-time nursing experience. An obsession with the control of affect was prevalent in nineteenth-century medical science as well as the new, professionalized nursing culture. Descriptions of ideal

nursing in the health manuals published after the Crimean War present proper sympathy for the sick as an enigmatic amalgamation of conflicting attributes such as, altruistic zeal and professional detachment, maternal instinct and medical training, or performance of femininity and asexual disembodiment. The New Nurse — in Judd's words— or “Nightingale nursing” shaped the way people perceived physical suffering and envisioned sympathy.

Belying her popular image as the quiet, unassuming, nocturnal dispenser of feminine care and affection, Nightingale was a strong-willed bureaucrat.¹⁷ Mary Poovey, among others, has drawn attention to this less emphasized aspect of the Crimean heroine which was not included in the popular representations of her as a figure of compassion and care. Nightingale had a very distinct vision of what nursing should be: secular, professional, and organized work—as opposed to untrained labor, missionary activity or self-serving philanthropy.

There were some social expectations that played a role in the construction of the New Nurse. As Poovey argues in her essay “A Homely Woman,” Nightingale tried to find a balance between the female physicians who threatened the monopoly of medical men in the field and the working-class nurses whose associations with lack of education and drunkenness discredited nursing as an occupation¹⁸. The contrast between these two disparate categories of women in the medical professions, Poovey argues, led Nightingale to envision nursing as an auxiliary occupation in medicine that could fill a niche without disrupting the existing gender and class hierarchies. Furthermore, during the Crimean War, establishing organized military nursing service was perceived as a matter of national pride. The model of the ideal nurse emerged out

of nationalistic sentiments and cultural anxieties of the war period. Consequently, not only did it stand for middle-class femininity but is also served as an emblem of the British nation.

The search for a Crimean hero —or heroine— has surprisingly been adopted by the writers of nursing histories and Nightingale biographies. Most of the work on nursing history employs a historiography that is organized around the central figure of Florence Nightingale, either championing or criticizing her but always maintaining her centrality. There is much debate about whether Nightingale should be upheld as a feminist pioneer or not, when a lot of her opinions were very patriarchal and conservative. For instance, feminist histories of nursing such as Celia Davies' *Rewriting Nursing History* and Judith Moore's *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868-1883* problematize Nightingale's role as a pioneer by pointing at the ways she sustained patriarchal ideologies concerning women's capacity for professional work. Catherine Judd draws attention to her role as a bureaucrat, which did not register in the cultural representations of her as a figure of compassion and care:

Nightingale's role of national and international secular saint generated a hagiographical rhetoric that often obscured her real aims and accomplishments, aims that were firmly aligned with pragmatic, Benthamic programs of public health and institutional reforms, and the administration of the general health of the British army. (Judd, 103)

The history of Nightingale's nursing reform is wrought with debate over whether she is a feminist icon or someone who merely reproduced the existing gender ideologies

in an institutionalized framework. Her principles and ideals of nursing operated within conservative constraints of the Victorian gender ideology.

In the nursing manuals written by Nightingale and others, the ideal nurse was envisioned as a quiet, obedient, observing, asexual woman, who would monitor and tone down the patients' emotions, as well as her own excess sympathy or zeal. Her medical efficiency was measured through her ability to follow the physician's orders and to act as his deputy in his absence, rather than her feminine skills or compassion for the patient. Once it was expanded beyond menial tasks, nursing came to represent a specific type of gendered behavior, expected from all nurses. The representations of "the new nurse" constituted a cultural project of defining and reaffirming middle-class femininity.

From this point onwards, I will discuss professional nursing, or "Nightingale nursing" as a set of ideals and values that were embraced and developed by other nurses and writers following the work that Nightingale initiated and not necessarily as a school of nursing centered around her person. In this project, rather than Florence Nightingale herself, I focus on the production of Nightingale nursing at a particular historical moment as it is reflected in the writings of women who worked with her. Anyone writing on Nightingale would recognize her as a contradictory figure because of the complex web of expectations and demands she had to juggle. Moreover, her ideas on health care and medicine changed over time. In these chapters, I catch her at a particular moment and discuss the implications of her approach to affect in nursing. As I compare the other nurses to Nightingale my intention is not to underscore her achievements. For instance, it would not be fair to compare the 3000-capacity

Selimiye Barracks with the small store and restaurant Seacole ran. Nor would it be fair to compare her decisions as she ran the nursing service of a whole hospital with the decision of nurses and nuns who were responsible from single wards. However, as I mentioned in the Introduction, affective responses to a fairly universally shared experiences like sickness and pain are interpellated with social and cultural contexts and material conditions. The differences in the personal backgrounds and conditions of these women resulted in the production of different narratives of sympathy for the sick.

Nightingale nursing—as professionalized nursing came to be called in early twentieth-century histories of British nursing— was envisioned as cultivating and disciplining affective dynamics between the patient and the nurse. This new nursing model, as Catherine Judd argues in *Bedside Seductions: Nursing in Victorian Literature and Culture*, was based on ideals of middle-class femininity and stipulated restraint on excessive emotion. On one hand, women were reckoned to be suitable for nursing because of their inherent skills of producing and managing affect and domesticity, on the other hand, their supposed susceptibility to emotional excess was seen as detrimental to professionalization and deemed it perilous to allow women to work in such intensely male-dominated institutions as the army and medical services. The unique conditions afforded by the war however, allowed Florence Nightingale to make a case for allowing women to be sent to the military hospitals and her administrative success empowered her to work further after the war.

Sympathy in Nursing Manuals

Unless they were written for a specific target audience like private nurses, Victorian nursing manuals addressed both professional nurses and women who often nursed their own family members. In addition to offering practical advice for prospective nurses, they also aimed to educate their general audience about proper conduct in interacting with the sick. Whether professional or not, a good nurse was expected to tend to the moral and affective condition of the patients as much as their physiological needs. Nurses' primary duties consisted of regulating the patient's mental and emotional state by administering opiates or stimulants according to need, conversing with the patient on appropriate topics, and managing visitors' access to the sickroom. By mid-century the nurse's value lay more in her ability to provide moral guidance and support than in feeding and cleaning the patient.

Numerous nursing manuals emphasize the vital importance of sympathy in nursing. A Sellonite nun named Sister Eva, who worked during the Crimean War and published a pocket-sized manual titled *Sister Eva's Notebook for Nurses*, concludes her book by reemphasizing the importance of tact and kindness in the nursing profession: "Remember that the secret of lasting success in Private Nursing is *Sympathy, Sympathy, Sympathy*".¹⁹ Sympathy did not merely refer to impulsive compassion for the patient. It was imagined as a deliberate process of disciplining one's affective responses toward sufferers and their pain. Thus, proper sympathy entailed controlling and, at times, suppressing emotions as well as cultivating kindness.

Nightingale was notoriously resistant to the contagion theory of disease, but she was not immune to the belief that emotions themselves were highly contagious. Popular and medical conviction held that unrestrained emotions could be transmitted among the nurse, the patient, or the visitors as effectively and as enigmatically as disease was transmitted through miasma, effluvia, or foul air. Unbridled compassion, pity, or anxiety could work the patient into a dangerous frenzy. Thus, nurses were envisioned as impassioned, disciplined mediators of the patient's social interactions. The ideal nurse envisioned in these manuals is capable of delicately managing the patient's visitors, regulating their interactions with the patient, and not allowing the visitors to bore, depress, or overexcite her charge.

The emphasis on restraining excessive feeling continued long after the war. The first female British physician, Elizabeth Blackwell, adhered to Nightingale's nursing model, even though she was often presented as a competing female figure in medicine. In an address delivered to the Working Woman's College, about a decade after the publication of Nightingale's nursing manual, Blackwell lists "air, food, cleanliness, exercise, habitations, and cheerfulness" as the "favourable conditions of life".²⁰ Blackwell draws attention to the direct connections between emotions and physiology, when she warns the prospective nurses against excess emotion:

The influence of the mind on the body is a fact of universal and daily experience. Solitary eating will impair digestion; emotion will produce diarrhea, or check the healthy action of many functions; many a nursing mother has killed her infant by anger and passion. A pleasant, cheerful temper, an equable, kindly disposition, have a direct positive

influence in securing the harmonious working of this wonderful physical mechanism we call the body, and in promoting the health as well comfort of all around. (Blackwell, 17-18)

According to Blackwell, an increase in the intensity of affect can cause a dramatic decline from indigestion to infanticide. Given this fundamental physiological role of affect, a nurse was expected to first maintain a balanced emotional state within herself and then, to regulate her patient's affective state.

Nightingale and many other manual writers worked under the assumption that a big mental gap existed between the sufferers and their healthy sympathizers. Patients were imagined to have a perception of the world that was distinctly different from that of healthy people. This, the writers assumed, placed them in a mental state that could be alien to their visitors. Thus, manual writers often try to preemptively suture the discrepancy between the perception of the sufferer and others, in order to reestablish the structures of sympathy that are disrupted by the experience of illness. They impart knowledge of the psychology of illness for the prospective nurse so that she can mediate the interactions between the patients and their healthy visitors who are assumed to be out of touch with the mental state of someone in pain.

Most manuals have sections dedicated to the subject of suitable conversation topics for the nurse and the patient. In her very popular 1861 nursing guide *Notes on Nursing: What It Is and What It Is not*, for instance, Nightingale tries to give some insight as to the patients' general state of mind and perception of the world in order to provide guidelines for visitors to the sickroom.²¹ Invalids become weary of explaining their conditions, trying to ward off empty words of hope, and alleviating their visitor's

anxieties. Coming from the bustling world of healthy activity, she argues, the visitor would not be able to understand the stagnation and monotony of the invalid's daily life nor anticipate their sensitivity to certain subjects. The nurse functions as a buffer between the outside world and the vulnerable patient by not allowing careless visitors to stay too long in the sickroom.

The nuns and nurses often mention using soothing speech in addition to opiates and stimulants in order to mitigate the soldiers' pain and also to educate their moral sentiments. After working in the devastating chaos of the Barrack and Kuleli hospitals in Constantinople, Croke's group is transferred to Crimea, where they work in the smaller army camp hospital. In her journal entry of April 1855, Croke records the success of the nuns at the Balaclava hospital:

The faces of the orderlies beginning to look bright, as well as their tins. The patients begin to feel and to say they are getting comforts they never got before, only that kind words have been added and occasionally, the most amiable smiles you could imagine. Revd Mother desires us to make pretty speeches when we can do nothing else. We have numbers of them ready made, only that they are second-hand, since the days of Koulali. *Yet they are swallowed with avidity and prove most soothing to the poor patient.* (emphasis mine, Croke, 81)

These ready "pretty speeches" were not necessarily heart-to-heart conversations but they aimed to elevate the morale and the moral sentiments. Keeping a healthy mental state was considered as important as hygiene, nourishment, and medicine as Croke's analogy between the bright faces and bright tins shows. The pretty speeches in this

passage were ready-made because the nurses had used them in consoling hundreds of soldiers who died in Constantinople. The manuals offer lists of suitable conversation topics for the prospective nurse. Nightingale suggests brightly colored paintings and perhaps playing with babies as activities that can lighten a patient's mind.

Management of affect was a fundamental part of health care yet, medical texts are somewhat unclear about the definition and nature of the desired affective state. The writers of the nursing manuals employ inherently conflicting definitions of sympathy as they try to educate their readers into adopting particular forms of feeling and manners, manifest. The ideal nurse should have "a calm, cheerful manner" writes Martineau, in her 1861 home economy manual, *Health, Husbandry, and Handicraft*, "with a glow within which we should call enthusiasm, while she is not aware that it has, or ought to have, any name" (Martineau, 89). What she calls the "glow within" is natural or genuine affect judging from the fact that it comes from "within" and is not self-conscious. Sympathy was a capacious or protean concept that could be spontaneous and cultivated at the same time. Martineau falls into the same paradox as other writers who try to describe ideal sympathy. The assumption that good nursing depends on a natural propensity to sympathize is at odds with the manual writers' efforts to educate their readers in proper affective behavior. Nurses were expected to be unconscious disseminators of intrinsically feminine sentiment and care, which somewhat undermines the vehement emphasis on their education and training. Sister Eva urges the private nurses to be tactful, composed, and discrete. While promoting sympathy and kindness of heart in her manual, she advises the private nurses to "study

to cultivate that genuine kindness of heart that teaches better than a thousand books” (Sister Eva, 25).

The conflicting notions of sympathy stem partly from the amorphous and complex nature of affect and affective relations. This ambivalence in definitions can be seen as a symptom of the reluctance to recognize the professionalism of women in nursing. The persistently gendered image of nursing lead to such ambiguous and conflicted expectations like unconscious yet carefully controlled emotion. What facilitated women’s acceptance into professional nursing was the general belief that they were susceptible to coming under the sway of their feelings while at the same time, being capable of maintaining control over the emotions and moral sentiments of themselves as well as others. Nursing historian Judith Moore points at the fact that such paradoxical expectations that still persist today:

[A]t different times nurses themselves, their champions, and also their detractors have all confusingly claimed both that women had an inborn gift for nursing and that women who presumed to function in a sickroom without more or less extensive practical training either in addition to or instead of their putative natural talents were at best a nuisance, at worst a danger, to their patients. (Moore, ix)

Both Crimean memoirs and nursing manuals present nursing as an enigmatic amalgamation of conflicting attributes such as altruistic zeal and professional detachment, knowledge and innocence, feminine instinct and medical training, performance of femininity and asexual disembodiment.

Crimean War Nursing Memoirs

The ideas in these nursing manuals can be traced back to the nursing principles that Florence Nightingale tried to implement during the Crimean War. These principles were sometimes specific to the exigencies of military hospital wards and mirrored war-time sentiments like solidarity and national unity. The Nightingale nurse, or the New Nurse in Catherine Judd's words, symbolized British middle-class femininity in the cultural imagination. Nightingale's public role was not confined to the nursing reform. Most of the memoirs written by the women who worked under Nightingale's direction reflect the same sense of patriotic duty and nationalist sentiment. They share some common concerns and narrative conventions as they try to offer accounts of the soldiers' condition, their sympathy, and the nursing system at the military hospital.

In the memoirs and the manuals, Nightingale herself is often described as a figure who held sway over the public at large. According to Martineau, Nightingale's most important attribute was being "ready to guide the movement, and to lay open the case to the steady good sense of society, precisely when good sense was most in danger of being swamped by the mixture of a romantic egotism with a gush of genuine benevolence" (Martineau, 86). Her laudatory description presents Nightingale not as the gentle lady with the lamp but as the sensible disciplinarian of public sentiment. The "gush of genuine benevolence" or impulsive compassion, which the periodical press and some nurses were so eager to let flow, was something that Nightingale was most anxious to avoid as an impediment to the efficient management of the hospitals as well as the preservation of the nurses' reputation. The "romantic

egotism” in this passage is a reference to the sentimental literary representations of the nurses that influenced some women to apply for the nursing positions either for possible matrimonial prospects or philanthropic adventures. Nightingale herself complained of these nursing romances. Her struggle to convince the male-dominated military and medical authorities of the respectability, earnest dedication, and indispensable use of nurses in the army was contingent on weeding out the women with romantic expectations from her nursing staff.

Keeping up the good morals and reputation of the women working at the hospitals was a priority. Nightingale was so vigilant about controlling the nurses’ sexual purity that, at first, she did not allow any night nurses at the hospital wards despite the urgent need for continuous care of the patients. Most indicative of her endeavor to maintain unity of the nursing body are the uniforms that she designed in order to distinguish her nurses from the other civilian women and protect them from harassment. Many of the memoirists, from ladies to nuns, complain of the ugliness of the uniforms in their diaries. The uniforms were made of coarse material and included a sash with the words Scutari Hospital printed in large red letters. Terrot writes that not only did the nuns’ habits look much better but also all the uniforms were made in one size, which made it difficult for all the women to use them.

Unity among the nurses was an important factor in fostering harmony of sentiment between nurses and patients. Unity was used synonymously with professional discipline and it was supposed to ensure sexual purity of and affective harmony among the nurses and the patients. On the level of narrative it stood for national unity that bound the nurses with their readers. As the nurses wrote about the

harmony of sentiment that pervaded their wards, readers could imagine themselves as belonging to this harmony.

Often tableaux of nurses and nuns working with clockwork discipline were used as proof of the efficiency of the army nurses in the memoirs. An Irish-Catholic nun Sister Mary Aloysius Doyle excerpted the Deputy Purveyor's letter, in which he praised the Sisters of Mercy for the atmosphere of unity, harmony, and efficiency that they created in the hospital wards. Being acutely and bitterly aware of the accusations against the Catholic nuns of causing discord among the nursing staff, Aloysius emphasized the Deputy Purveyor's testimony to the peace and harmony that prevailed under the Sisters' supervision:

The superiority of an ordered system is beautifully illustrated in the Sisters of Mercy. *One mind appears to move all*, and their intelligence, delicacy, and conscientiousness invest them with a halo of extreme confidence. The medical officer can safely consign his most critical cases to their hands. Stimulants or opiates ordered every five minutes will be faithfully administered though the five minutes' labour were repeated uninterruptedly for a week. The number of Sisters, without being large, is sufficient to secure for every patient needing it his share of attention: *a calm resigned contentedness* sits on the features of all, and the soft cares of the woman and the lady breathe placidly throughout. (Aloysius, 74, emphasis mine)

The Purveyor ends his report with a description of peace and calm under the care of the nuns. The moral discipline and harmony that the nuns "breathe placidly through"

the patients create a “calm resigned contentedness” and disseminates the controlled affect and unity among the patients. Of course management of affect was possible with the help of stimulants and opiates as well. As the passage attests, notions of ideal affect and sympathy were incorporated into the medical treatment. The physicians often prescribed each patient a daily ration of “stimulants and opiates,” which were administered regularly to prevent the patients from sinking into languor and depression or to alleviate fits of pain and frenzy. Alcoholic drinks like brandy and wine were often given as opiates to calm agitated patients. Tea or arrowroot was used to stimulate vitality in the patient.

Such pictures of perfect order and harmony could be deceiving, however. Sister Mary Joseph Croke’s unpublished diary reveals that despite the general imperative to unite through national sentiment, the women were still divided among themselves. There was class tension between the physicians and the lady volunteers, the latter of whom were expected to follow the physician’s orders despite being their superior in social status. There seems to be a tacit competition between the ladies and the nuns to be recognized as the benevolent angels of the hospitals. Croke quotes the same passage as Aloysius in her diary entry of November 1855. Unlike Aloysius’ edited and published memoir, Croke’s journal reveals the tensions among the groups of women who constituted the nursing staff. The nuns were eager to build a reputation as good, disciplined nurses in contrast to the “lady volunteers,” who, in the nuns’ opinion, were there with self-serving philanthropic motives. Croke uses the same letter from the Deputy Purveyor’s to scorn the lady volunteers:

He exposes in lively colours, though in a very clever way, the insubordination and want of unanimity that existed among the ladies, with their partiality in attending the sick, showing in every line that a regularly organized body under an unanimously recognized local superior was the fittest to carry out steadily the system of nursing. After throwing out the ladies, he introduces the Sisters of Mercy as an illustration of his views. (Croke, 95, underlined in the original text)

Even though Croke echoes Nightingale's vision with phrases like "regularly organized body" and "unanimously recognized local superior" she is writing in opposition to Nightingale's administration and she promotes the nuns at the expense of the lady volunteers. The nuns did abide by the principle of unity within their group, but they often disobeyed Nightingale herself because they insisted on recognizing their own Mother Superiors as the "local superior". As the nonsecular faction of the nursing staff, they were in constant conflict with Nightingale's secular authority. References to unity and harmony of feeling did not necessarily indicate unifying nationalist sentiment in these texts. It rather meant obedience to orders and strict adherence to hospital's hierarchy in order to produce well-coordinated work. In case of the nuns, religious dedication could be in competition with national loyalty. The memoirists often conflate nationalism and professionalism and call both of them harmony or unity.

The memoirs pay tribute to the many heroes and heroines of smaller stature of the war. One of these is a nun named Sister Anne, the example par excellence of all the nursing principles that I have listed so far. More than one memoir includes a

tribute to the excellent nursing skills of this nun, who was in charge of a ward at Koulali Hospital. Lady volunteer Frances Taylor dedicates a full chapter to Sister Anne, who she claims was the epitome of ideal nursing. In the chapter, Taylor uses Sister Anne's kind yet authoritarian sympathy as a narrative backbone to interconnect a list of affectionate vignettes of individual patients, dutifully noting their religious and ethnic identities. Irish, Scottish, and English soldiers are inspired to give up swearing, learn to save their money, coaxed and disciplined into a "calm resignation" to pain or even to their own impending death under the competent care and influence of Sister Anne.

One striking anecdote is of a soldier who is subdued into obedience in the middle of his fever-induced delirium. Sister Anne talks this patient into rational and respectful behavior with her commanding speech. The next day she arrives at the ward to find everyone panic-stricken at the harrowing sight of the same patient shrieking in agony under a severe cholera attack. The ward-master, who is "pale with terror and trembled from head to foot," tells Sister Anne that the man has a severe case of cholera. Sister Anne immediately takes charge of the situation and begs the ward-master to "not to show such signs of dismay, reminding him that fear would spread contagion among the others sooner than anything else" (Taylor 230).

She then approached C—'s bedside, and when she did so no longer wondered at the alarm of the sergeant and orderlies. It was an appalling sight. His face and hands were of a dark purple, both contorted with cramps, his whole frame convulsed, while at intervals he muttered a low moaning cry, between a scream and groan, scarcely like a human

being. Sister Anne afterwards told us that so dreadful was the sight that her first impulse was to turn away, but second thoughts decided her that what he had to bear she could look on. (Taylor, 230-231)

Sister Anne first attacks the pain by giving the patient brandy in order to calm him and gain time for the physicians to intervene. The patient does not live long after the Sister Anne's intervention although he does survive long enough for the physician to administer medicine. In the meantime, Sister Anne talks the patient into composure. By managing the patients' emotions and behavior with "pretty speeches" and sedating agents like alcohol, the nurses overcame the often intense self-alienation caused by illness and pain. In addition to the practical purpose of preparing the patient for medical intervention a good nurse's use lied in restoring the humanity of the patient, whose intense pain abjects him into something "scarcely like a human being".

The distinction between "what he had to bear" and what the nurse had to look at evinces the rift between the sufferer and the healthy observer. While Sister Anne's composure illustrates the behavior of a model nurse, her impulse "to turn away" from extreme pain exemplifies the new subject of sympathy. This is a sentimental scene, yet unlike its eighteenth-century predecessors, its central figure lacks the immediate affective reaction of the eighteenth-century man of feeling. The new subject of sympathy, embodied by Sister Anne in this case, is alienated from the sufferer who finds himself in an abject state as a result of the extremity of his suffering. Sister Anne overcomes the distance created by his abjection, by looking at the patient and becoming part of the scene of suffering through outside observation. Her cognitive participation leads to an affective participation.

Alleviating the sufferer's self-alienation is possible by overcoming the intense alterity between the suffering person and the healthy sympathizer. Extreme cases of suffering, as in this case of severe cholera or delirium, can be traumatic for the people surrounding the sufferer. Panic ensued by the sight of the dehumanized cholera patient makes it impossible for even the experienced ward master to regain composure and try to be useful. Sympathy relies on representation as Elaine Scarry, Audrey Jaffe, and Adam Smith remind us. Representations or manifestations of pain cue the viewers into developing sympathy for the pain that they do not feel and can even recoil from in moments of panic. By making herself "look on" "what he had to bear," Sister Anne embraces the picture of suffering in front of her and manages to maintain her sympathy instead of yielding to feelings of panic, repulsion, and desperate disconnection with the patient. In this scene, sympathy implies control rather than natural gush of compassion because what gushes out can sometimes be alienation, fear, or disgust.

Sister Anne's legendary skills in checking the panic and restoring calm sympathy to scenes of intense suffering demonstrate the ideals of Nightingale nursing and showcase its healing prowess. Yet, such pictures of perfectly disciplined nurses are haunted by the specters of excessive, spontaneous, impulsive eruptions of feeling and anxiety of sexual desire which can be dangerously similar to excess affect. Popular culture and literary imagination colored the Crimean nurses with romantic, sentimental, and heroic tints despite Nightingale's attempts to curb such depictions of her nurses. Nightingale was strongly opposed to employing women who applied for the positions under the influence of these romance novels. Despite the dire need for

nurses, only twenty-eight women were accepted out of hundreds of applicants. Numerous women who applied for the nursing positions were seeking an opportunity for heroic charity, money, adventure, travel, or matrimonial prospects. Six nurses out of the initial group of thirty eight resigned during the first two months with the intention of getting married to officers, greatly disappointing Nightingale and embarrassing her in front of the opponents of military nursing. She dismissed more than half of the paid nurses in the second group on grounds of incompetence, intoxication, and improper conduct.

Among the second group of discharged women was Elizabeth Wheeler, a Sellonite Sister of Mercy who was interrogated and abruptly sent back to England, when a letter in which she lamented the terrible conditions at the hospital was published in the *Times* by a careless relative. This incident is mentioned in two other memoirs as an example of Nightingale's emphasis on obedience and discretion. Sister Elizabeth's eagerness to be useful to the patients is the opposite example of Sister Anne's self-control. A fellow nun, Sarah Anne Terrot describes her in these words: "Sister E. was ardent, impulsive, excitable, and over-anxious, and though Miss Nightingale appreciated some of her good qualities, she did not know her previously so as to value her fully, and her impatience, enthusiasm, and want of caution made her troublesome" (Terrot, 127). While self-control and obedience were cherished values in Nightingale nursing, zeal was an attitude to be avoided.

Zeal could entail romantic philanthropy, religious zeal in defiance of Nightingale's secular authority, or sexual desire disguised as self-sacrificing heroism. Nightingale must have perceived Sister Elizabeth's zeal as a symptom of the first one

and as an act of disobedience akin to the other two because long before her dismissal Sister Elizabeth had received a warning from Nightingale and was asked to obey the rules of the storage system. It seems that Sister Elizabeth's impatience with the storage system was not unwarranted. Most of the memoirists, who worked at the Barrack Hospital, bitterly complain of the inefficient management of the supplies. Nurses would distribute the rations of food and medicine regularly ordered by the physicians but when an extra portion was ordered or needed they had to have permits signed by superintendents in order to get anything from the already badly organized stores. Food and linen rotted in the storage while the patients remained malnourished and often unclothed except for a single shirt, which they had to wear for weeks at a time. Instead of adhering to the bureaucratic system, Sister Elizabeth seems to have influenced the physician in charge of her ward to order more food or use his authority to work around the ration system.

Two fellow-Sellonites, Margaret Goodman and Sarah Anne Terrot, comment on the dismissal. Terrot explains the incident as the result of Nightingale's obligation to make an example of Sister Elizabeth so as to prevent further disruption of the hospital hierarchy.

Talleyrand's words, 'surtout point de zèle', seemed a ruling maxim in high quarters, and the nuns, sisters, and nurses being suspected of this capital crime I believe Miss N. had difficulty in holding out and preventing the whole body being condemned and dismissed *en masse* for indiscretion and 'trop de zèle'. Some one at least must be sacrificed, 'pour encourager des autres', and Sister Elizabeth was the

chosen victim- generous, brave, noble, unselfish Sister Elizabeth.

(Terrot, 127)

Terrot alludes to the words of famously skillful and resourceful French diplomat Charles Maurice de Talleyrand-Périgord who did say “surtout, pas trop de zèle” or “above all, no excess enthusiasm” as an important rule of diplomacy. The nurses’ diplomatic relation with the army did require tact, discretion, and composure. The presence of the women in the wards was already seen as a transgression against the medical and military authorities. The main justification of their employment was proof of their strictly obedient and professional behavior and Sister Elizabeth was culpable of endangering the reputation of Nightingale nurses with her eagerness to be useful.

Sister Elizabeth is not the only example of zeal and excessive affect that digressed from Nightingale’s emphasis on self-control. Religious zeal, especially in the form of Irish-Catholic nuns’ opposition to Nightingale’s perceived anti-Catholicism, was another prominent example. I will return to religious zeal in Chapter 2 where I examine alternative nursing models that emerged in the form of political resistance of women with marginalized racial, ethnic, religious, and class identities. Sister Elizabeth was an English Protestant nun, whose transgression did not take the form of opposition to Nightingale’s management on the grounds of religious or ethnic discrimination. The nuns were especially warned against proselytizing or giving religious counsel to soldiers of different denominations. Nevertheless, some memoirs show that there were nuns who showed bones to patients, claiming them to be religious relics. A group of Irish-Catholic nuns wanted to work independently because

of their commitment to the religious authority of their Mother Superior, which Nightingale herself interpreted as Irish-Catholic dissent. The vocational ethos of the nuns superseded the understanding of nursing as national duty.

An implicit connotation of excess affect or impassioned desire to work is sexual desire. Although this is almost completely absent from the memoirs, a romance novel published in 1861 by a former Sister of Charity and the scandalous court case preceding it capitalizes the overlap between excess affect and sexual passion. The author of the novel is a young British woman named Theresa Longworth who was a member of the French Sisters of Charity. Longworth followed her long-time lover Major George Yelverton to Constantinople in order to be close to him and take care of him if he got injured. After the war they lived together in different countries. In 1860 Longworth sued Yelverton because he decided to marry another woman in order to appease his disgruntled family. The court case became a sensational legal scandal and Longworth published a roman a clef titled *Martyrs to Circumstance*. In *Unauthorized Pleasures: Victorian Accounts of Erotic Experience*, Ellen Bayuk Rosenman comments on the use certain codes of sexuality in the trial records. The novel's heroine Thierna, is a strong willed, earnestly virtuous woman, whose passion to be useful is eroticized. Thierna courageously boards ships full of dying cholera patients to nurse them, patiently waits by the bed of a sick officer.

Interchangeability and Sympathy

Some memoirists use their narratives to meditate on the psychology of illness and nature of sympathy as moral sentiment. Illness intensifies corporeality. Physical

existence takes over the emotional and intellectual life of the patient. Illness can cause isolation and alienation in the sufferer, which can be healed by the sympathy of a nursing figure. Miriam Bailin shows how the isolation of the sickroom can be advantageous for the sufferers to rebuild their torn worlds, resolve their identity crisis, and find new bonds in fictional illness scenes.

Another Protestant Sister of Mercy named Margaret Goodman claims that illness intensifies certain aspects of the human psyche serving as a lens through which social relations can be tested: "I have learned to believe that the bed of sickness is the arena whereon the natural character most truly reveals itself," she says, "we must be ourselves in sickness; we have no power to be anything else" (Goodman, 10-11). As much as illness transforms the subject's relation to itself, it also generates unique conditions for intersubjective relations to develop or dormant ones to become active. Goodman comments on the social isolation of the nuns and draws attention to the dangers of complete withdrawal from structures of sympathy for the human psyche. Although Terrot, and Croke's narratives provide counter-examples of friendship and solidarity among the nuns, Goodman emphasizes how the ascetic doctrine of convent life encourages a certain resistance to forming sympathetic bonds. Goodman's detailed anecdote of a young nun, who falls sick and dies in isolation, is the antithesis of these fictional sickrooms. Goodman shows that sympathy for physical suffering is a structure of sympathy that cannot exist in a social vacuum, isolated from other structures of sympathy like friendship, family, or community.

The nuns often promote themselves by claiming that their detachment from worldly cares and duties enabled them to be excellent nurses; unlike other women

they could channel their complete attention to their patients. Both Sarah Anne Terrot and Margaret Goodman write about their experiences of nursing the poor during cholera epidemics as proof of their medical proficiency and eligibility for institutionalized nursing. Lack of social bonds makes the nuns suitable for the selfless and heroic work of nursing as the passage below illustrates:

Medical men, and even hired nurses, never allow in themselves any fears of contagion; but in the case of a Sister of Mercy, there is less excuse for fear, because, from the peculiarity of her social position, if she falls, she falls alone: there are none dependent upon her; her death causes no gap in a family circle; there is no one left [43] to miss her voice and glance. Reflection such as these, though tinged with melancholy, help to give courage to a Sister of Mercy. (Goodman, 43-44)

Goodman also argues that although the nun's asceticism is useful for charity work outside the convent, within the convent community, it leads to alienation within the convent community. Unlike the soldiers, who live in a similar social structure, the nuns' isolation and lack of individuality can make them cruel toward each other. In the first half of her book, she offers a critical description of the convent system, which in her opinion, enforced social as well as material deprivation and subsequently inhibited natural and healthy emotions. She draws parallels between the social structures of the convent and the army, claiming that their shared experience of hardship and suffering produces affective bonding among the soldiers: "Soldiers, owing probably to the peculiarity of their social position, frequently form lasting and

disinterested friendships with their associates” (Goodman, 152).²² Although she is not clear about what “peculiarity of social position” means, she uses the same phrase for both the soldiers and the nuns. Indeed, the nuns’ and soldiers’ lives were similar in their detachment from conventional domestic life, shared hardship, shared ideals, and simulation of class equality. In case of the nuns, however, the simulated social equality and unity causes alienation and even blatant cruelty.

Narratives of nursing that take place outside the Crimean War nursing experience are not always as affectionate and sentimental as the narratives of nurse-soldier relationships. This difference suggests that affective responses to suffering are contingent on the social and political context of the scene of suffering. Among the recollections of her convent years, Goodman includes the sad story of a young consumptive nun who dies in isolation, deprived of the sympathy of fellow-nuns. The young nun persists on maintaining a tenacious bond to her former life presents, at the expense of disobeying convent rules such as renouncing her former name. This short narrative is worth reading in detail because, as she articulates her remorse for the dying nun and her bitter criticism of the nuns’ general moral impoverishment, Goodman makes some original observations on the affective dynamics of illness and sympathy.

Entering the convent at the age of twenty, this young nun soon becomes severely ill with consumption. Nightingale’s nursing style which seems to have worked miraculously with the soldiers is used by the nuns for each other as well, but in this case it seems coldly indifferent rather than supportive. Goodman narrates the apathy and cruel insistence of another nun, for instance, who urges the sick nun to

exert herself and maintain self-control as she struggles to climb a flight of stairs. She also often witnesses nuns being left to die alone in their cells, staring at a crucifix brought in by the Mother Superior to provide spiritual fortitude. She claims that the nuns' voluntary withdrawal from worldly bonds disintegrates in severe illness or in their dying hours.

In sickness the nun's companions all regard her with wondering indignation rather than sympathy and pity; they tell her perpetually that she must exert her self-control, and do battle valiantly with the lassitude which is weighing down every limb, or that she must rise above bodily pain, nor suffer her soul to be distracted by it... When utterly prostrated, and lying on her death-bed, it is accounted a falling from her rule if she looks for human sympathy; as she most certainly will, being human. (Goodman, 11)

One day the suffering nun approaches Goodman for advice and asks her if she would speak of her sometimes after she is gone. Soon after the conversation, she leaves the convent for another one, and Goodman discovers that the young nun had carved out her former name on the desk in her cell. Throughout her narrative of her convent life, Goodman emphasizes the tenacity of the bonds that the nuns hold with their former lives. The name carved on the desk shows the dying nun's struggle with her new identity or rather lack of individual identity. By carving the name she abandoned when she joined the convent the dying nun resists the effacement of her self. Her request to be spoken of is also a wish to survive through language, as Goodman notes. "[A] curious request to make to a stranger," she comments "but tending, I believed, to

show that she did not then, as she had once done, wish to die, in a certain sense, wholly to the world, even when her soul left it; and the returning to the old name, and cutting it in the varnished table, exhibited the same feeling” (Goodman, 14).

The Nightingale nurses’ kind encouragement of their patients to bear their pain with calm composure and high spirits is missing in these scenes. Soldiers in the military hospitals were dying by hundreds; their sense of being lost as a nameless face in a multitude was perhaps even stronger. Yet in the hospitals this self-effacement does not seem to have the same depressing effects. Both the young nun’s desire to leave her name after her death and the sleuth of personal narratives of the war show the role of representation in the mourning and healing processes. At the end of her memoirs, Goodman resentfully mentions how the war left no collective mark on the nuns afterwards because they had to resume their ascetic and isolated lives. Unlike the nuns in the convent, the soldiers’ suffering and deaths will be part of a national narrative. The nuns on the other hand display a sort of resentment against each other precisely because they are indistinguishable from each other. The healthy ones find it difficult to sympathize with their dying friend when there are no borders between themselves as subjects of sympathy and the young nun who fails to be the object of their sympathy. This trope of interchangeability will become significant again when I discuss abjection in the next section.

Through the seminal narrative of the young nun’s sickness and death, not only does Goodman display her depth of thought but also reiterates some of the paradigms of the illness and death narratives, one of which is the intensified relation of the suffering subject to material objects. Goodman embellishes the sentimental death

episode by including a litany of requests from the dying nun to see the Mother Superior, to receive an extra ration of milk from the cook, and finally, to borrow a handkerchief from another invalid nun, all of which are either declined or met with hesitation, in short not recognized as death-bed wishes. "The foregoing incidents may appear to some of too trifling a nature to mention," she writes, "but I believe that this simple thing, more than her other trials, fixed the attention of the dying girl and filled her soul with bitterness" (Goodman, 17). In the Crimean memoirs, as well as other non-fictional accounts, such details and objects as handkerchiefs, eggs, linen etc. come to stand for the heightened material existence of the suffering subject. Providing nourishment and other domestic comforts to the patients is the focus of the nuns' and nurses' frenzied action, in all these memoirs.

In sickness, corporeality is foregrounded, creating a peculiar way of relating to the self. Goodman proposes nursing as a structure of sympathy, which draws the sufferer out of their pain-induced isolation and back into a socialized subject position. As a subject positions however, the nurse-patient dyad is modeled on existing structures of sympathy such as friendship, familial bonds of brotherhood or motherhood, courtship, marriage, nationalism or charity, enabling the involved parties to recreate, impose, and negotiate various power relations inherent in these structures. The peculiarly self-imposed deprivation of the nuns "of all human friendships" in Goodman's words, discourages religious sisterhood from constructing or sustaining such structures of sympathy.

Abjection and Apathy

As Goodman shows, physical suffering does not always generate sympathy and compassion but can sometimes occasion repulsion, fear, indifference, or apathy. Most of the Crimean War nursing accounts include passages in which bodies in extreme pain are grotesque or sensational objects. In these passages, suffering fails to be the basis of sympathy and on the contrary, it represents death and abjection.²³ All the texts include graphic details like the putrid odor of amputated limbs, pieces of flesh falling off frostbitten feet, wounds deep enough to expose the bones, collecting handfuls of maggots from fresh wounds or hopelessly rubbing cholera patients' cramped and discolored muscles with mustard poultices and turpentine. While the sentimental tones of the passages, which attest to the calm resignation and earnest gratitude of the patients, present them as deserving objects of sympathy, the concurrent strand of realistic and, at times, sensationalistic descriptions turn these disintegrating bodies into abject products of the war.

The unspeakable horror of intense suffering dismantles the memoirists' sympathy and renders them incapable of representing the scenes of pain. The most common narrative approach toward intense suffering is expressing an inability to describe the trauma involved. Words cannot describe the scenes, memories become blurry; everything feels like a terrible dream. At other times the writers mention feeling numb toward the suffering and pain surrounding them. All of these memoirists also note the stymied emotions of the staff resulting from the overwhelming numbers of suffering soldiers. As we saw in Sister Anne's triumph over the panic induced by the violent cholera attack, one of the essential duties of the nurses was to transform

abjection into a palatable picture of suffering by disciplining their emotions into sympathy for the patients and writing their memoirs as narratives of sympathy.

Representation is essential to construction of sympathy. Without being able to affix horrific details precisely within language, the writers risk losing their readers' sympathy. Thus, in addition to narrating sentimental scenes of healing, the nuns and nurses also develop strategies to deal with abjection, trauma, and the subsequent narrative breakdown. They resort to three distinct solutions for narrating intense and overwhelming suffering: abjecting it from the text, quantifying it, and sublimating it. A common way of responding to abjection is retaining it outside representation. Blackwood and Seacole specifically declare that they chose not to include the gruesome details in their accounts. When the other writers fail to represent the horrors in their intensity and ubiquitous devastation, they often resort to more recognizable narratives of trauma such as statistical information, anti-war commentary, religious consolation, or maternal compassion. Familiar or meaningful interpretations of suffering provide healing narratives for the site of trauma.

The writers often do not refrain from giving graphic details of wounded and disintegrating bodies. But describing the physical condition of the patients does not amount to a narrative of suffering. These narratives present several significant passages, where the writers express their inability to represent intense pain and suffering as well as their own feelings of horror. Terrot, for instance, writes of the strong impression left by the experience, but does not attempt to describe the scenes which caused these strong emotions: "I wonder if I can ever forget the scenes I witnessed there? Oh! they were heartrending" (Terrot, 88). The overwhelming number

of wounded soldiers arriving to the hospitals after the Battle of Inkerman “baffles” Goodman’s senses at the time and her memory as she writes the memoir: “On this, our first day’s experience of nursing in a war hospital, the scene which the memory calls up, though vivid in its horribleness, is generally speaking, mixed and confused in its details” (Goodman, 102). Goodman transforms her bewilderment into an anti-war comment: “The scene baffles description: horror upon horror crowds upon my mind as I revert to those hours *almost to the exclusion of sober thought*. It is possible that if any warlike monarch could have seen this one hospital on that day, he might for ever have eschewed conquest” (Goodman, 101-102, italics my emphasis). These examples illustrate the unnarratable nature of trauma. Horror deprives the narrator of “sober thought” and authorial power and pushes her into a space of death, destruction, and indescribable suffering. As much as they generate narrative, illness and pain can also inhibit representation in extreme cases. Terrot and Goodman’s disclaimers for the fragmented style of their narratives are a recognition of the hospital as the site of a major traumatic experience.

Frances Taylor, who maintains a composed and tactful narrative voice for the most part, finds it impossible to do justice to the scenes of suffering.

It seems simply impossible to describe Scutari Hospital at this time. Far abler pens have tired and all, in some measure, failed; for what an eye-witness saw was past description. Even those who read the harrowing accounts in the “Times” and elsewhere, could not have imagined the full horror of the reality. As we passed the corridors, we asked ourselves if it was not a terrible dream. When we woke in the

morning, our hearts sank down at the thought of the woe we must witness that day. At night we lay down wearied beyond expression; but not so much from physical fatigue, though that was great, as from the sickness of heart from living amidst that mass of hopeless suffering. On all sides prevailed the utmost confusion,- whose fault it was I cannot tell- clear heads have tried to discover in vain: probably the blame should have been shared by all the departments of the hospital.

(Taylor, 72-73)

These scenes of horror, which are “past description,” are typical of trauma narratives. Taylor expresses a sense of detachment from reality as she asks herself whether everything was a “terrible dream.” She also stresses the fact that the representations of trauma always fall short of substituting the traumatic experience. Even the famous reports of the *Times* fail to convey the devastation adequately according to Taylor. She and the other nurses hold the exclusive position of the eye-witness. Consequently, they get to be the keepers of the trauma. Lack of description saves the readers from being exposed to the “heartrending” scenes and the alienating emotions they evoke. Taylor’s inability to describe the scene not only leaves the scenes of excessive suffering outside her narrative but also allows her to avoid accusing the military authorities of incompetence. Unlike Goodman, who does not refrain from expressing social critique, Taylor adopts the official narratives of the war and circumvents administrative faults.

While the first part of Taylor’s passage shows trauma of the nurses, the repulsion and “sickness of heart” felt by the staff or the description of the patients as a

“mass of hopeless suffering” indicate their abjection. The memoirs are important in understanding this neglected side of suffering — that is abjection and repulsion. Candid passages of indescribable horror, overwhelming suffering, and apathy illustrate the dual status of the suffering body as an object of sympathy and as abject. “The corpse,” writes Kristeva, “seen without God and outside of science, is the utmost of abjection. It is death infecting life” (Kristeva, 3-4). When death infects life, the abject encroaches into the subject’s boundaries. The border that defined the subject as distinct from the abject becomes an object by itself, thus, according to Kristeva, annihilating the subject. Therefore, rejection and repulsion are acts of constructing protective “borders” that the presence of the abject threatens. Whether they are recoiling from a dehumanizing cholera attack or expressing gratitude for the self-sacrificing soldiers, the onlookers of physical suffering are trying to evade the naked idea of death.

Nightingale nurses do not mention feeling disgust or repulsion of their patients but they seem to lose their grip on compassion. Besides, the grotesque details speak for themselves and create repulsion in the readers. The writers do mention however, that the overwhelming number of patients repressed their feelings. The atmosphere of desperation affected all the medical staff, at times making them incapable of sympathizing with either the sufferers or their families. Terrot explains this apathy as a defensive economy of affect:

It seems strange we could witness such scenes and sufferings calmly, but to us as to the poor sufferers there seemed granted a calm and quiet temper and a sort of stunned feeling, for had we realized all

their sad sufferings, all their bright hopes and young lives, all the love and care of wives and mothers all quenched in misery and death, we could not have borne it. (Terrot, 118)

Like the Kristevan subject who pushes aside the corpse and excrement in order to live, the nurses have to block out the pain and suffering that threatens to engulf their being. Mary Seacole observes a similar stunned apathy in the nurses during her visit at the Scutari Barrack Hospital: "Upon the stoves were cans of soup, broth, and arrowroot, while nurses passed in and out with noiseless tread and subdued manner. I thought many of them had that strange expression of the eyes which those who have gazed long on scenes of woe or horror seldom lose" (Seacole, 81-82). The nurses who were not able to expel the abject with repulsion would fall into a paralysis. This affective vacuum allows them to rebuild the borders of their subjecthood.²⁴

Mary Aloysius is another diarist who notes the general apathy that pervaded the cholera wards: "At last every one seemed to be getting paralysed, and the orderlies indifferent as to life or death" (Aloysius, 36-37). A large portion of the soldiers that were brought into the Barrack Hospital were in the final stages of this gruesome disease and the orderlies had to carry away dozens of dead bodies every day to make space for the new patients. Especially during the cholera epidemics, patients would die in a few hours and hundreds of bodies had to be removed from the wards and interred within a single day. Cholera broke out twice, decimating the soldiers. During the summer of 1855 the fatality rate was so high that the bodies were buried in thinly covered mass graves. As the summer heat intensified, the stench from the graveyard started reaching the wards, turning the already ghastly epidemic into a real nightmare.

Aloysius writes that lime was poured over the graves to stop the stench. The graveyard and the stench become the epitome of the abject encroaching on life.

Although the nuns and nurses are careful enough to not to mention their disgust, they describe the orderlies' callous attitude toward the patients as the manifestation of apathy and stunned feeling akin to their own. The suffering body's status as abject is evinced most powerfully by the orderlies' attitudes to the patients. Several of the women comment on the orderlies' heavy drinking, explaining it as a coping mechanism against being surrounded by sickness and death. Hardened to death during the cholera epidemic, the orderlies were too eager remove bodies from the beds. Aloysius writes that the nuns often had to beg them to wait a little longer to make sure that the men were really dead (Aloysius, 39-40). Sarah Anne Terrot catches two orderlies playing leap-frog over the dead or dying men. The narratives depict the nuns and upper-class nurses sinking into emotional exhaustion, while the orderlies and lower-class nurses drank their way through the war.

The abject threatens the subject by not just encroaching into its realm but also by reminding the subject of what he/she can and will become. Interchangeability between the object and subject of sympathy, between the beggar and the middle-class viewer in Adam Smith's example of a scene of sympathy or between the patient and the nurse in the Crimean War memoirs, is at once the basis of and a menace to structures of sympathy.

Terrot and Goodman among others, comment on the intricate dynamics of interchangeability, sympathy, and apathy among the patients, orderlies, and nurses. They explain the orderlies' indifference to the death and suffering around them by

their constant interchangeability with the sick soldiers. Terrot informs her readers that the invalid and disabled soldiers would be appointed as orderlies to work at the hospitals. Being detained from joining their fellows in the battlefields resulted in resentment and indifference toward the sufferings of their fellow soldiers in the hospitals. Moreover, the orderlies, as well as the nurses, were in constant danger of falling sick themselves. Exchanging places with the patients is a dreaded possibility that thwarts compassion and sensitivity. The nurses who were too ill to work were sent back to England, while the orderlies who fell sick were treated in Scutari and blended back into the mass of patients. Like the nuns at Goodman's convent, the orderlies' compassion, fellow-feeling, and solidarity are balked once the porous border between themselves and the abject sufferers threatens to disintegrate.

The orderlies and some of the nurses found the solution in "losing themselves" in the bottle. The writers try to heal the site of trauma by filling it with familiar and meaningful narratives of suffering—with "signified death" in Kristeva's words. Florence Nightingale exemplifies the tendency to quantify as a way of managing trauma and respond to surfeit suffering. Cholera patients were indistinguishable from each other because they would die within a few hours and be replaced by new patients. In Nightingale's letters the ill and wounded soldiers turn into devastating statistics or anonymous cases. In an angry letter to surgeon William Bowman, for instance, she describes receiving about 1700 wounded soldiers with half an hour's notice and complains of the Hospital's inability to deal with such a crushing number of patients all at once. Her formal language reflects the erasure of individuality among the large numbers of patients: "...one amputated stump died two hours after we

received him,” she says “one compound fracture just as we were getting him to bed, in all 24 cases on the day of landing” (Vicinus, 84). The patients appear as one of the many cases like their own, before they blend into the numbers and statistics of Nightingale’s orderly mind.

Some of the writers simply exclude scenes of abjection from their texts in favor of familiar and socially acceptable narratives of suffering. The stark realism of such scenes of abjection does not guarantee sympathy, while narratives that immerse the suffering figure in familiar narrative tones like humor or cultural contexts like nationalist sentiment are more conducive to producing affect. For instance, Seacole stresses her decision to avoid grotesque scenes of horror, which most of the other nurses include with a sense of responsibility for recording a historical event. Seacole is careful to make her narrative enjoyable for her readers before anything else. “I could give many other similar instances,” she writes after narrating the sad death of a young boy, “but why should I sadden myself or my readers? Others have described the horrors of those fatal trenches; but their real history has never been written, and perhaps it is as well that so harrowing a tale should be left in oblivion” (Seacole, 133). Instead, she includes only the “humorous” anecdotes, such as being bitten by a Russian who was shot in the lower jaw. When Seacole sees a group of newly arrived patients at the port, she decides to do everything in her power to tend to their wounds. Selecting a Russian soldier who is bleeding in the lower jaw, she wants to feel the bullet inside his mouth with her fingers and gets bitten by the irritated patient (Seacole, 142-143). Unlike the Scutari nurses who express their bafflement, Seacole

transforms the unnarratable nature of trauma into a way of establishing control over her narrative.

Lady Alicia Blackwood is another writer who chooses to suppress the pain and trauma in her nostalgic account. Her resistance to narrating suffering, however, stems from her proximity to the higher-class women in administrative status and the imperative to adhere to the official accounts of the war. Her tone reflects these official representations and she modifies her 1882 memoir to comply with a nostalgic perspective on the war and the gendered conventions of women's life-writing:

Many circumstances have of course been suppressed, for obvious reasons, conceiving it better to confine myself as much as possible to personal experience of passing incidents, rather than to detail mistakes and grievances to which we were doubtless subjected chiefly from the novelty which war was to us at that time, and the unprepared state in which it found us. (Blackwood, 92)

Blackwood articulates her awareness of the distinction between her personal account and the official public narratives of the war. Although the "personal experience of passing incidents" are interesting to her readers in that they relate to the war experience, Blackwood refrains from commenting on military's decisions.

The memoirs contain traditional methods of making meaning of suffering and death, as well. Nationalist sentiment and commemorative spirit shape all the texts. Collectively they stand like a monument for the soldiers and nurses who died. Some of the memoirs end with commemorative poems. A sketch of the Crimean Memorial in Scutari decorates the frontispiece of Blackwood's book. At the end of the book

there is her sketch of the memorial tomb for the officers who died at the battle of Inkermann: "This monument, of which I made a sketch for an appropriate pendant to the National Memorial in the cemetery at Scutari. Time or barbarism may destroy the material structures, but the historic record shall never perish" (Blackwood, 312-13). Sometimes the narrative structures contribute to making death meaningful and fathomable. Being accounts of individual experience, most of the memoirs start with the voyage to Constantinople and end with the journey back to England, thus bringing closure to the event.

Another prominent example of meaningful interpretation of death and pain can be found, of course, in the accounts of the nuns, who often resort to Christian imagery. The religious tone of the nuns' memoirs often reinforces the comparison of the self-sacrificing soldiers to Christ. Soldiers, nurses, mothers become interconnected in a chain of images invoking Mary and the sacrifice of Christ. Goodman, for instance, narrates the story of the two friends, who try to take care of each other from their separate wards. While keeping one company at his death bed after his friend dies, she tries to give consolation to the dying boy:

"Valentine," I said, "you are nearly home: I wish I was going with you." He gazed into my face with a look of affection and pity, such as he would have given to his own mother had she been there, and replied, "I wish you were." As he ceased speaking, his soul, I trust, entered upon the glory unspeakable. We returned to toil and sorrow for a brief space; but whether pleasure or pain were awaiting us is of little

moment, if when the end of all approaches our “Robes are found to be washed and made white in the blood of the Lamb.” (Goodman, 155)

As the passage illustrates, the dying soldier occupies the position of both the self-sacrificing son, in its secular/national and religious incarnations, and the Christian subject for whose soul Christ sacrificed himself. The nuns find themselves in the double position of being praised for their self-denial and, in turn, expressing the collective gratitude toward the soldiers. The maternal role they perform resonates both with the soldiers’ mothers and with the figure of Mary. The motif of Christian self-sacrifice connects the suffering soldiers, nurses, families in a tight network of affective connections, within which each one slips in and out of the roles that position them as objects and subjects of sympathy, while the unspeakable horror of death and destruction is sublimated into “glory unspeakable.”

The religious explanations for suffering have of course traditionally been common in illness and death scenes. In Crimean memoirs though, the maternal figures of Mary and of the nurses are predominant in the networks of imagery that the texts create and draw from. The abjection of the bodies that are severely damaged with frostbites, amputations, or cholera forces most to repulsion and sensationalistic representations, creating a narrative and affective vacuum, which the female nurses are expected to fill. Kristeva argues that the maternal shares some attributes of the abject as the border of death and annihilation and thus is capable of embodying or containing the abject:

But devotees of the abject, she as well as he, do not cease looking, within what flows from the other’s ‘innermost being,’ for the desirable

and terrifying, nourishing and murderous, fascinating and abject inside of the maternal body. For, in the misfire of identification with the mother as well as the father, how else are they going to be maintained in the Other? (Kristeva, 54)

In this sense, the maternal figures of nuns, nurses, Nightingale, and especially “Mother Seacole” function as a capacious Other. Goodman records a dialogue between a sister and a soldier, which is reflective of the cultural image of the maternal capacity: “‘Sister you must get away from me; I am so loathsome that even my *own mother* could not approach me.’ ‘Oh! yes, she could,’ she answered, ‘and love you more than she ever did in her life.’ ‘True,’ he thoughtfully murmured; ‘when are we so loathsome as to be beyond a mother’s love, a mother’s hope, and a mother’s prayer?’” (Goodman, 104).

Maternal love is the recourse and remedy for the antithetical connections between sympathy and abjection, which lie at the heart of the nationalist function of the war narratives. The ultimate mother figure who emerges out of the war is Mary Seacole, or “Mother Seacole” as she was often called. By famously declaring herself as the “doctress, nurse, and mother” of the army camp, Seacole solidifies the connection between suffering, abjection, nursing, and motherhood for her readers.

Representing Male Suffering

While representing abject suffering is difficult, representing specifically male suffering can be a delicate task too. The authors of Crimean nursing memoirs try to keep a balance between patriotic compassion toward the suffering soldiers and

admiration of their heroic endurance. Pity and awe naturally go together in war narratives of heroic self-sacrifice; however, in these nursing memoirs, infantilizing or feminizing effects of pity can jeopardize the soldiers' masculinity. Consequently, memoirists oscillate between glorifying the soldiers as brave, kind-hearted men and infantilizing them through the use of asexual images of innocent children. The nursing accounts also narrate many instances of soldiers who do not have the emotional mettle to endure scenes of suffering. Affect and sympathy, which were traditionally defined as feminine realm of competence, threaten to undo British masculinity.

The memoirists often write about their patients as children. This can partly be attributed to the fact that a large portion of the soldiers were, in fact, very young. Taylor and Terrot specifically comment on the soldiers' youth. "Sad it was to her the tales they would tell, such mere boys as some of them were, how they had enlisted in a moment of folly and bitterly regretted it, or to listen to their long accounts of friends at home; how they would describe every little incident relating to them as it were engraven on their hearts" (Taylor, 98-99). In such passages, the young patients fulfill the stereotypical roles of literary children as they occasion heartwarming scenes of merriment or pathos. In another section, Taylor describes how the young patients' innocence and naivety cheered the older soldiers: "The extreme youth of some of our patients and their childishness was a great amusement to the orderlies, especially the Irish ones, who delighted in having, what they called, a spree with some of them" (Taylor, 198). The naïve amusement of both young patients and the childlike men facilitate such scenes of affection and domestic/familial bliss.

It is not always easy to distinguish between the young patients and older ones in these texts however, because illness and pain have regressive effects on all the sufferers regardless of age. Infantilizing the soldiers is a very strong and capacious motif in the representations of male suffering in the memoirs. While many patients talk, interact with each other, play pranks, and tell stories of their home, most of them suffer silently, or “like patient children” as almost all the writers point out. Seacole does not fail to note the infantilizing effect of illness: “... for, you see, illness and weakness make these strong men as children, not least in the patient un murmuring resignation with which they suffer” (Seacole, 80). All the nurses appreciate the good-natured resignation of their patients. “And what made their heroism, as shown in their endurance, so delightful to witness,” writes Goodman, “was the *simplicity and resignation* with which their sufferings were accepted, and their *unconsciousness of the state of things* being peculiarly lamentable” (Goodman, 110, italics my emphasis). Such testimonies of the calm resignation and patience of the soldiers attest to their good, respectful manners toward the nurses and present them as wholesome and deserving objects of the reader’s sympathy. On the other hand, it is hard to overlook their utter vulnerability and complete submission to their nurses’ authority. Simplicity, resignation, and unconsciousness of the soldiers present quite a contrast to the image of their competent, active, and slightly reckless virile energy in popular representations.

While one effect of infantilization is to obviate potentially dangerous energy of male sexuality, a second one is to endow the soldiers with the moral fortitude to endure their suffering gently. A suffering male figure has a stronger claim to

sympathy and allegiance than an authoritarian patriarchal figure of power. As I will discuss in detail in the third chapter, wounded masculinity and gentlemanliness were gradually becoming emblems of ideal masculinity in the nineteenth century. As self-sacrificing gentle sufferers, the British soldiers join the ranks of respectable masculinity. Taylor, who appears to be more conscious of the status quo of the army, does not resort to child imagery when she comments on the soldiers' reactions to pain and death.

It was in the Eastern hospitals that the true heroism of patient courage was preeminently displayed... We have seen the brave and strong man laid low; have seen him watch death coming, and meet it calmly, for he died in doing his duty. Oh! that they who speak harshly of the British soldier had been with those whose privilege it was to nurse him- had witnessed that wonderful spectacle of the woe of the winter of 1854 and -55- had seen the obedience to orders, the respectful gratitude, the noble qualities there displayed! (Taylor, 94-95)

In contrast to the other diaries and memoirs, Taylor presents the suffering soldiers as grown men, moreover as heroes. The demeanor of the patients in this passage do not call for pity or mercy but admiration and respect. These sufferers present an affective scene as well, which Taylor calls "that wonderful spectacle of woe". Yet, unlike the protective compassion or bittersweet amusement evoked by the young and innocent patients, the allegorical "brave and strong man" in Taylor's narrative functions as an emblem of patriotic heroism. The same suffering that lead Terrot and Goodman to criticize war and lament its pain and destruction is described in such a way by Taylor

that it incites reverence for the sufferers' unflinching self-sacrifice. By calling severe defeats and destruction a wonderful spectacle, Taylor transforms the patients into heroic figures, at the expense of effacing the human suffering and intercepting pity and regret. This remains a powerful scene of sympathy, however, because it joins the sufferer, the nurse, and the reader through shared patriotic sentiment.

The persistent emphasis on the patients' meekness, naiveté, and regression to childhood allows the writers to gentrify the otherwise stereotypically lower-class, uneducated, and at times implicitly sexualized soldiers. This is most conspicuous in the journal of Terrot, who calls all of her patients "my men," thus, obscuring their youth. Although she mentions that most of her patients were about 15-17 years old, she calls them men when writing about them collectively. When she singles out individual soldiers in her vignettes however, she calls even the thirty year-old men "lads":

Patient, gentle, noble sufferers, not one rude unseemly word was heard; they seemed like worn-out children sinking to rest; languid, and already almost dead to everything, except when their eyes brightened with love and gratitude as they recognized Sister Elizabeth, and stretched out their wasted hands and arms to express the thanks they were too feeble to utter. It was a harrowing thought to think of the wives and mothers at home, whose eyes would never rest on these beloved forms, who were now waiting with anxious beating hearts, soon to be wrung out and made desolate for life. The one thought that seemed most deeply graven on the hearts of these dying men was the

remembrance of their mother's love. Their gratitude to us was expressed by it "like a mother." (Terrot, 89-90)

Emotional regression to childhood sentiments plays a significant role in creating appropriate descriptions of the soldiers. Goodman, who often frankly reflects on unsavory or potentially inappropriate examples of human emotion and behavior, writes that she and the other nuns often wondered why the soldiers invariably associated them with their mothers and not with their wives or sisters. As seen in the passage above, the patients' infantilization desexualizes the relationship between the nurses and the patients by creating a smooth transition from the soldiers' longing for their wives to their longing for their mothers. Terrot significantly places Sister Elizabeth, who received a warning from Nightingale for being too zealous in her desire to help her patients, in a scene describing the infantile gratitude of the soldiers and the maternal compassion of the nurses.

While such passages glorify and aestheticize male suffering, feminine sympathy could also be detrimental to British masculinity. Information given to the public about the conditions at the hospitals was strictly controlled as Sister Elizabeth's dismissal shows. Memoirs written by nurses and surgeons generally testify to the soldiers' bravery; yet it is possible to encounter passages that are less than reverential or idealizing. For example, although she has nothing but praise for her patients in Crimea, Seacole does not refrain from including embarrassing scenes of suffering of her British patients in Panama, in order to convey the horror of cholera:

Two were beyond my skill. Death alone could give them relief. The others I could help. But no words of mine could induce them to bear

their terrible sufferings like men. They screamed and groaned, not like women, for few could have been so craven-hearted, but like children; calling, in the intervals of violent pain, upon Jesus, the Madonna, and all the saints of heaven whom their lives had scandalized. (Seacole, 33)

Seacole makes a point of replacing feminization with infantilization, even though she does not give any explanation for why a scream of pain would be infantile but not feminine, except for the imperative to dignify British masculinity. While in other memoirs infantilization deflects eroticization of the soldiers in a preemptive attempt to alleviate anxieties about the nurses' sexual purity, here, it qualifies the disempowering effects of suffering by anticipating the gendered cultural interpretation of such a disempowerment. The choleric soldiers are treated as brave and manly even as they scream in pain. Seacole recreates a scene from Hell on Earth in this passage, but does not grant her patients the decency and moral virtues that redeem the soldiers in the memoirs of the Nightingale nurses. Not only are these patients screaming but they also do not seem to deserve sympathy for their sufferings because of their low morality, according to Seacole's description. Unlike the kindhearted and innocent soldiers in Crimea, those in Panama are far from showing meek resignation or submitting to the moral instruction of their nurses. Seacole demonstrates her anti-imperialist stance by using cholera, here described as an embodiment of the moral corruption of the British army's imperialist presence in Panama, as an image of poetic justice. In the Crimean section of her autobiography, she adopts the maternal compassion of the Nightingale nurses toward the British soldiers, who she calls her sons and describes as childish, mischievous, and affectionate.

It was not only the female nurses' sympathy that exposed the vulnerability and feebleness of the patients in less than flattering terms. Some of the male orderlies, who showed compassionate care to the patients and tried to assist the nurses to the best of their ability, could also be patronizing toward the patients. Taylor writes about an orderly who was very attentive to a particular sailor, "a curious little man, very meek and quiet, but as frightened and nervous as a woman, always thinking himself much worse than he was in reality" (Taylor, 206). The orderly was eager to be of service to a nun, who was in charge of the sailor's ward, so he would follow the nun every time she went to check on the sailor and, like a good nurse, he would try to coach the patient into an appropriate state of cheerful fortitude.

he [the orderly] also seemed to think it [the sailor's lack of hope] must be very discouraging to the sister who attended him, so whenever he saw her going up to the sailor, he followed her and exhorted him very energetically to "spake up to the lady; don't be so down-hearted, man, spake up, she don't hear what you are saying of; why don't you cheer up a bit? ye'll never get well that rate; ye'll make yourself a deal worser being so low-spirited." (Taylor, 206)

Taylor approves of the orderly's anxious pleas to energize the feeble patient because this was also encouraged by the available medical knowledge. "This was of course true," she continues and explains how they would try to cheer up the sailor by picturing how he would look "marching about with the coloured ribbons in his hat" (Taylor, 207). This is an unusual approach to heartening a soldier, who is already described in effeminate terms.

Whether it was reverential or compassionate, female sympathy for soldiers was not always tolerated even when it veiled the sexual ambiguity or coarseness of the patients. As needed as it was, women's presence in the military hospitals was perceived as an embarrassment by some of the officers and surgeons. Taylor finds herself having to placate a soldier's irritation with his worrying wife. One of the soldiers gets angry at his wife's constant entreaties to get his permission to come out to Scutari and nurse him. "That's just the way women talk-" says the man, "they're always a-wanting to do impossibilities. They fancies they can do anything!" (Taylor, 208). Taylor does not comment on the irony of these words uttered to another woman who is doing the very "impossibilities" that make the soldier lose his temper. Instead, she softens his harsh words as she writes his letter for him and explains to her readers that the soldier reacted with anger "rather forgetting in his wisdom the deep affection and anxiety contained in her earnest pleading to come and nurse him" (Taylor, 209). As Taylor softens the patient's surly reaction, she also argues against the general opposition against having women at the hospitals by calling attention to the putative affective and moral superiority of women. Nightingale herself promoted this as an asset to the army and medical men, when sending women to the front was inconceivable for some people.

Unlike this anxious wife who presumably stayed at home, thousands of women did follow their husbands to Crimea. In *No Place for Ladies: The Untold Story of Women in the Crimean War*, Helen Rappaport tells the story of these army wives who suffered worse conditions of hardship and deprivation than the soldiers themselves.²⁵ Rappaport shows that the army wives were completely unprovided for

and had to live off their husbands' food rations and use their huts. These army wives are strangely absent in the nursing memoirs. Even Lady Alicia Blackwood, who opened a small hospital for the officers' wives, does not give much information about any women other than the Nightingale nurses in the military hospitals.²⁶ The fact that many of the soldiers continued their conjugal life in less than ideal conditions shows that the army camp could be a domestic spaces as well as a hyper-masculine one.

Concerns of morality and sexual degradation were not the only reason against having women in the army. Sympathy casts its objects in different identities depending on the sympathizer's relation to the object of sympathy. While Taylor's sympathy for the brave soldiers cast them as national heroes, an affectionate nun's compassion can cast them as children, a wife's sympathy casts another as a husband, and a mother's sympathy casts a soldier as a child. One mother, who seems to have made her way into the Barrack Hospital, appears in Margaret Goodman's memoir and evokes all these dynamics that explain some soldiers' resistance to the nurses' sympathy. This anecdote shows the conflicting attitudes toward the presence of women in the military. This mother traveled to Constantinople in order to tend to her son in the hospital. Goodman notes that the son recovered rapidly as a result of his mother's care and returned to England with her. Yet the medical officer in charge of the ward was annoyed with the mother's presence at the hospital because he saw it as a nuisance at best and as an overall embarrassment at worst. Goodman ventriloquizes the doctor's concern: "Her presence in the hospital was exceedingly embarrassing to the very excellent, but systematic Scotch doctor then in charge... 'There were those nurses, an everlasting bore: the sight of them militated against all preconceived

notions; and now possibly this lady might be the forerunner of a thousand mothers”” (Goodman, 136-37). This mother’s presence is a threat to the order and efficiency of the hospital because it forebodes the possibility of the already unmanageable wards being inundated with families who will need food and accommodation. More importantly however, it also means a flood of domestic, familial connections that will cast the patients as sons or husbands as well as soldiers and patients.

Sympathy is not always alleviating and healing but sometimes it can be an additional burden on the object of sympathy. Affect can undo a person, especially in the masculine milieu of the army where brave, quiet, or nonchalant suffering is valued over the abjection of pain and fear. The mother who embarrasses the Scotch doctor is an augury of maternal compassion, which according to Kristeva, can be abjection itself. Kristeva’s notion of abjection includes maternal love as well as the disintegrating subject that receives the maternal love. The sufferer can resent caring and nurturing sympathy sometimes instead of feeling gratitude. There are a few scenes of refusal of sympathy in the memoirs. The most striking one is that of a very young soldier who rejects Goodman’s sympathy after breaking down in front of her and a fellow soldier. The youth of this soldier, surrounded by older men, attracts Goodman’s attention.

Being both on duty, we could not speak then; but his pain-worn, baby face, in the midst of the bearded men, was too striking to be forgotten, and as soon as I was released I returned to the ward, which was filled with convalescents...

The child lay just behind the door: passing round without speaking, and almost without thinking, I put back the hair from his face, and kissed him. Bursting into a flood of tears, he threw his arms around me, and said, -- 'What would mother say if she could see me in this state?' The corporal, looking at us both most benignantly, patted the boy, and bade him 'keep up his heart.' 'And so I did,' he replied, with some temper, 'until *she* came to me.' From that hour, the little fellow, evidently considering that I had injured him, treated me with marked coolness.

(Goodman, 158-59)

Women's presence generally brought normalcy to the war atmosphere. Their uplifting care and compassion would remind the patients of their homes and families and, according to the memoirists, speed their recovery. In this scene however, the female sympathy that positions this young patient as a child bars him from seeing himself as an adult man. Goodman's affection and kiss break down the fortitude that the young patient had been trying hard to maintain. Coupled with the sympathizing gaze of the corporal, affect creates an identity crisis for the young soldier, which he avoids by avoiding Goodman's infantilizing sympathy. Goodman's maternalism is the abject in this case. It is the maternal source of nurture and endless love that threatens to destroy the shaky masculinity and subjectivity that the young soldier wants to construct for himself. it is only by rejecting maternal sympathy that he can reinstate himself as a self-sufficient subject.

Representing men as objects of sympathy had its perils. Representing them as subjects of sympathy was not any easier. Both being the object and subject of

sympathy could undermine normative masculinity because the realm of affect was established so firmly as the realm of female competence in Victorian culture. The writers adamantly reiterate that, as women, they were superior to men in dealing with affect and suffering. Seacole, for example, offers unflinching descriptions of officers being “unmanned” by emotion:

Major R – was a brave and experienced officer, but the scenes on the sick-wharf unmanned him often. I have known him nervously restless if the people were behindhand, even for a few minutes, in their preparations for the wounded. But in this feeling all shared alike. Only women could have done more than they did who attended to this melancholy duty; and they, not because their hearts could be softer, but because their hands are moulded for this work. (Seacole, 90)

Seacole interprets affect in both men and women as potential weakness or ineptitude in medical work. Therefore when she promotes women’s competence in medical work, she emphasizes technical skill over affective tenacity. Both the officers and the nurses have soft hearts according to Seacole but women also have skillful hands, “molded for this work.” Her presentation of women doing medical work thwarts the detrimental effects of abject maternalism, revealed in Goodman’s lack of emotional restraint toward the young soldier.

Men who would unflinchingly bear battles, trenches, or amputations could break down during emotional scenes. Sarah Anne Terrot has a similar passage of emotional collapse in her journal. Unlike Seacole, however, she phrases the men’s ineptitude in managing affect as evidence of their noble feelings.

I declare that I saw rough bearded men stand by and cry like the softest-hearted women at the sights of suffering they saw; while some who scorned comfort for themselves, would fidget about for hours before long trains of mules and ambulances came in, nervous lest the most trifling things that could minister to the sufferers' comfort should be neglected. (Terrot, 88)

Crying “like the softest-hearted women” does not “unman” or feminize these men but on the contrary places them on par with the affective competence of the nurses. Much like the suffering men who are gentrified through their infantilization, men who are subjects of sympathy are gentrified and redeemed too by appropriating putatively feminine attributes. Frances Taylor notes that “Their [orderlies'] care and attention to their patients were remarkable; they were as gentle as women” (Taylor, 239).

Gentrification of lower-class soldiers in order to align them with normative masculinity is not unique to these set of texts. The gentleman was the emblem of normative masculinity in Victorian culture. As I show in Chapter 4, wounded masculinity was often comprised of emotional strength and ethical integrity, two attributes that defined gentlemanliness. Many literary texts juxtapose the crude power of a defunct patriarchal figure with the affective power of a gentleman—or the gentleman in the making—who relies on his own moral code, industriousness, and emotional restraint to win the sympathy and respect of others. The emotional fortitude to bear one's limitations, rather than an aristocratic entitlement to positions of power, was often the marker of a real gentleman.

Disinterested and controlled compassion for the sufferings of others— in other words the qualities of a good Nightingale nurse— also indicated true gentlemanliness. These scenes of male suffering and sympathy, that are narrated through nationalist sentiment and gratitude, transform the soldiers from caricatures of negative cultural stereotypes into embodiment of normative masculinity. The memoirs are full of such anecdotes of affection and compassion among the soldiers. In Taylor's narrative, the soldiers cut each other's food if one had lost or was unable to use an arm; in Aloysius' text, they joke with the younger soldiers to cheer them up; in Terrot's journal, they save their own food rations for the patients in adjacent beds; and in Goodman's narrative, they cry when they wake up to find the bed next to them empty. Such scenes solicit the readers' sympathy for the noble and kind-hearted sufferers.

The volatile power of sympathy, which can glorify or denigrate, also shows the relationship between power and affect. Affective relationships do not occur in a cultural vacuum. The social identities of the objects and subjects in these structures of sympathy often become the distinguishing factor in recognizing sympathy as hegemony and emotional tenacity. The difference between Seacole's depiction of men crying at the sight of suffering and those of Goodman, Terrot, and Taylor can be attributed to the power dynamics between the agent of sympathy in the scene and the audience of the scene. Goodman, Terrot, and Taylor have less urgency to prove their worth as nurses and legitimize their presence in the army. They are after all appointed by the Department of War to perform a national duty. All of these women feel the need to defend their position against gender stereotypes to some extent, but in addition to defending herself as a woman, Seacole also has to fight against racist and

imperialist prejudices. She occupies a liminal space between colonial alterity and national allegiance. As the second chapter will explore further, within this space she can manipulate the power dynamics that lie at the intersection of race and gender. So, while Seacole draws from the discourse that was used to legitimize women's work in medical institutions, she often does this at the expense of the British officers who evidently cannot handle scenes of suffering. Whenever she expresses sympathy for the British soldiers, her emphasis is on their vulnerability and her own maternal feelings of pity.

Seacole is not the only racial Other whose sympathy permits inclusion within national identity. Far from feminizing or being diminutive, such moments of pathos, in which men are the agents of sympathy, could gentrify the lower-class soldiers and integrate the ethnic minorities into the nation. Taylor has a series of sketches exclusively of Irish and Scottish soldiers and orderlies, which aim to integrate them into the tableau of national unity. She introduces Rooke, for example, the eccentric Irish orderly of Ward No.3. Rooke is a very jocular man, usually slovenly in dress and rough in his manners. He is one of the many Irishmen and Scots featured in her vignettes of amusing lower-class roughness and endearing gentleness. He bravely bears the news of his wife's death while he is in Scutari. He also acts with heartwarming affection and kindness toward the patients. "He was a capital nurse," notes Taylor, "and full of rough kindness to the patients" (Taylor, 200). She even extends the maternal metaphor onto the soldiers who show affectionate care toward each other. One night, another lady volunteer notices a Highlander keenly watching a severely ill patient in the next bed, ready to spring up if the sufferer calls for help. The

lady tells Taylor that he looked like a cat watching her kitten. Afterwards the two men are nicknamed “the cat and the kitten” in their ward (Taylor, 223).

As the nursing manuals claim though, genuine, untrained affect, was a valuable foundation for good nursing but it was not sufficient to make a good nurse. The pathos that ennobled soldiers could also infantilize them. Goodman narrates her patients’ infantile earnestness in a way that evokes affection but not veneration: “They [the patients] would hold the most earnest consultations with us about the adjustment of the straw bolster, and such trifles; standing like little children to hear what we (whom, as women, they deemed so wise in such matters) had to suggest” (Goodman, 152). Even Taylor takes this a step further by reminding her readers of the general callousness and cruelty of the orderlies when left to their own devices and reinstates the importance of Nightingale’s mission.

It was astonishing to see the influence gained by the ladies and sisters over the orderlies. Without their superintendence they were an idle, useless set of men, callous to the sufferings of those around them, not trying to learn their business, which was of course new to them, and regardless of carrying out the doctor’s orders when they could do so without getting into disgrace; but under the sisters’ and ladies’ hands they became an excellent set of nurses, forming that class of men-nurses of course essential in a military hospital. (Taylor, 203-204)

Even when they act as subjects of sympathy, the soldiers are under the sympathizing gaze of the experienced and better qualified nurses as well as that of the readers. All these different representations of male suffering show the importance of narrative in

positioning the subjects and objects of sympathy. Representation can make or break a person, especially when an essentially unnarratable phenomena and experiences like pain, suffering, or trauma is the case. These writers create a glorifying monument for the abject suffering of the soldiers, as well as their own valiant work at the hospitals. They feel valued enough to leave their name in print by turning their letters, journals, and other pieces of life-writing into memoirs and autobiographies.

Like Goodman's consumptive nun, the soldiers seem to be eager to leave a mark as a reward for their ordeal. Blackwood and Goodman mention that they would never get reliable news from the front and that although they were so close to the war zone they would get all their information from the *Times*. The literate soldiers would often read news reports aloud to the patients in their wards: "The men were delighted with newspapers, and nine or ten would assemble together while one read aloud, and it was very amusing to hear their remarks in the things going on in the Crimea" (Goodman, 220). Reading about themselves and their experience in print seems to be very therapeutic for the patients.

Tennyson's poem "The Charge of the Light Brigade" became the best known text that came to represent the Crimean War. Goodman includes the whole poem in her memoir. One of the soldiers who survived the notorious charge is in her ward, recovering slowly because of depression. The physician prescribes some remedies in order to "rouse" him. Finally, Goodman decides to read Tennyson's poem aloud to him. "The man at once forgot his pain, and entered upon a spirited description of the terrific gallop to and from that cannon-crowned height". Then he asks her to read it again but other patients start to gather around them so she leaves. The recitation of the

poem seems to have a magical effect on the patient's morale. "In a few days, the invalid requested the doctor to discharge him for duty, being now in health; but, whether the cure was effected by the leeches or the poem, it is impossible to say. On giving the card, the medical man murmured, 'Well done, Tennyson'" (Goodman, 96). Without neglecting her skepticism Goodman affirms the role of narrative and representation in creating affect and structures of sympathy that are conducive to healing. In this self-reflexive moment the soldier recovers by listening to himself and his traumatizing experience as it is transformed into a narrative of remorse, mourning, glorification, and sympathy through Tennyson's words.

Notes:

¹ For commentary on Nightingale's public influence following the war, see Mary Poovey's "A Housewifely Woman: The Social Construction of Florence Nightingale." in *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England*. Chicago: U of Chicago Press and Catherine Judd's *Bedside Seductions: Nursing and the Victorian Imagination, 1830-1880*. New York: St. Martin's Press, 1998.

² For a history of British nursing after 1860, see Katherine Williams, "From Sarah Gamp to Florence Nightingale: A Critical Study of Hospital Nursing Systems from 1840 to 1897." in *Rewriting Nursing History*. Celia Davies ed. Totowa NJ: Barnes and Noble Books, 1980: pp. 41-75; Robert Dingwall, Anne Marie Rafferty, and Charles Webster, eds. *An Introduction to the Social History of Nursing*. London: Routledge, 1988; Jeanne Peterson, *The Medical Profession in Mid-Victorian London* Berkeley: University of California Press, 1978; A. F. Rafferty, *The Politics of Nursing Knowledge*. London: Routledge, 1996; B. Abel-Smith, *A History of the Nursing Profession*. London: Heinemann, 1960; and L. R. Seymer, *Florence Nightingale's Nurses*. London: Pitman Medical, 1960.

³ Stephanie Markovits, *The Crimean War in the British Imagination*. New York: Cambridge UP, 2009; Cynthia Dereli, "Gender Issues and the Crimean War: Creating Roles for Women?" in *Gender Roles and Sexuality in Victorian Literature*. Christopher Parker ed. Aldershot UK: Scholar Press, 1995: 57-82; John Peck, *War, the Army and Victorian Literature*. New York: Macmillan Press, 1998; Natalie Houston, "Reading the Victorian Souvenir: Sonnets and Photographs from the Crimean War." *The Yale Journal of Criticism*. vol. 14.2 (2001): 353-383.

⁴ In addition to the naval hospital at Therapia, the Barrack Hospital at Scutari, Koulali Hospital, and Haydarpasha Hospital were in service.

⁵ William Alexander Kinglake, *The History of the Crimean War*. London, 1863.

⁶ Frances Taylor, *Eastern Hospitals and English Nurses; The Narrative of Twelve Months' Experience in the Hospitals of Koulali and Scutari by a Lady Volunteer*. London: Hurst and Blackett Publishers, 1856.

⁷ Lady Alicia Blackwood, *A Narrative of Personal Experiences and Impressions during my Sojourn in the East throughout the Crimean War*. Edinburgh and London: Ballantyne Hanson and Co.; London: Hachard-Picadilly, 1881.

⁸ Margaret Goodman, *Experiences of an English Sister of Mercy*. London: Smith, Elder and Co., 1862.

⁹ Robert G. Richardson, *Nurse Sarah Anne with Florence Nightingale at Scutari*. London: John Murray Publishers, 1977.

¹⁰ Mary Stanley was the sister of Dr. Stanley, the Canon of Canterbury and, later, Dean Stanley of Westminster. She took a party of forty-six nurses, consisting of nine ladies, fifteen nuns, and twenty two nurses. Mary Stanley's main goal was to assist the chaplains and priests. When the women arrived at Constantinople, they found out that there were no accommodations prepared for them. Stanley went to the Koulali Hospital with the Norwood Order's Mother Superior Frances Bridgeman and ten of

her nuns. Eventually, she felt her health would not stand up to the demands of hospital work and returned home. Nevertheless she had considerable influence on the War Department thanks to her brother. Her contentious relationship with Nightingale received the attention of the press.

¹¹ Maria Luddy ed., *The Crimean Journals of the Sisters of Mercy, 1854-56*. Dublin and Portland: Four Courts Press, 2004.

¹² Sister Mary Aloysius Doyle, "Sisters in the Crimean War: Angels of Hospital and Field." In *These Splendid Sisters*. Reprint. 1970. James Joseph Walsh ed. Freeport, NY: Books for Libraries Press, 1927: pp. 140-163.

¹³ Mary Seacole, *Wonderful Adventures of Mrs. Seacole in Many Lands*. 1857. Sarah Salih ed. London: Penguin Books, 2005. Only the second half of Seacole's narrative covers her Crimean War adventures, but the details she chose to include in the first part, such as her competence in nursing, her affection for British soldiers, her lack of family serve as a list of qualifications and motivations that justify and promote the Crimean episode of her life. This is a common narrative strategy in some other Crimean War nursing memoirs like Goodman's and Davis'.

¹⁴ Mary Seacole recently started to receive critical attention in Victorian studies. While all the previous criticism on her autobiography was written in context of Afro-Caribbean literature or black women's autobiography, the *Blackwell Anthology of British Literature* has included sections of her text in its 2006 revised edition of the literary canon.

¹⁵ Born as the daughter of an upper-class family, Nightingale famously refused to get married believing that she was destined for a bigger duty than a middle-class life. After getting training in a clinic in Kaiserwerth, Germany she started working as nurse at St. John's Hospital, much to the shock and dismay of her family. When England went to war along with France and the Ottomans against Russia, she was asked by the Secretary of War to work as Nurse Superintendent at the military hospital in Constantinople. After working heroically during the Crimean War, she returned to England, established a nursing school and developed further sanitary and hospital reforms.

¹⁶ Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868-1883*. Athens and London: University of Georgia Press, 1988.

¹⁷ For critical biographies of Florence Nightingale see Monica Baly's *The Avenging Angel and Nursing and Feminism*. 2nd ed. London: Wurr Publishers, 1997. Feminist histories of nursing such as Celia Davies' *Rewriting Nursing History* and Judith Moore's *A Zeal for Responsibility* problematize Nightingale's role as a pioneer by pointing at the ways she sustained patriarchal ideologies concerning women's capacity for professional work. History of Nightingale's nursing reform is wrought with debate over whether she can be seen as a feminist icon or as someone who merely reproduced the existing gender ideologies in an institutionalized framework. Her principles and ideals of nursing were founded within conservative constraints of the Victorian gender ideology.

¹⁸ Gillian Gill, *Nightingales: The Extraordinary Upbringing and Curious Life of Miss Nightingale*. New York: Ballantine Books, 2004; Colleen Hobbs, A. *Florence Nightingale*. New York: Twayne Publishers, 1997; Martha Vicinus, and Bea

Nergaard, eds. *Ever Yours, Florence Nightingale: Selected Letters*. Cambridge MA: Harvard UP, 1990. The figure of the professional nurse offered a contentious role model for women. The presence of a nursing staff was already posing a problem for the medical men in the hospitals. Lady volunteers who worked in military and civil hospitals for instance, undermined the physicians' authority because of class differences which both parties were obliged to observe. Even laudatory reports of the nuns' and nurses' service during the war worked at the expense of the physicians. For example, while enlightening her readers about how to treat fever cases, Sister Mary Aloysius claims that "[t]he doctors were often surprised in the morning to find their patients so well over the night" and reaffirms the indispensability of the menial tasks performed by the nurses despite their secondary nature as treatment. Aloysius confidently claims that "no matter how clever a doctor maybe, if he has not a good nurse, who will attend strictly to his directions, little can be done" (Aloysius, 73). Similarly, the public image of Nightingale as the embodiment of professional nursing was a conflicted one vis-à-vis her relationship with the military and medical authorities.

¹⁹ Sister Eva, *The Private Nurse's Own Notebook*. London, 1862: 31.

²⁰ Elizabeth Blackwell, *How to Keep a Household in Health: An Address Delivered before the Working Woman's College*. London: W. W. Head Victoria Press, 1870: 10.

²¹ Florence Nightingale, *Notes on Nursing: What It Is and What It Is Not*. (1860) New York: Dover Publications, 1969.

²² "Soldiers, owing probably to the peculiarity of their social position, frequently form lasting and disinterested friendships with their associates. It was beautiful in many instances to observe their readiness to make any sacrifice for their comrade, and the tenderness with which, while they themselves could scarcely drag about their feeble forms, they waited around his dying bed" (Goodman, 152).

²³ In *Representations of Bodily Pain in Nineteenth-Century Literature*, Lucy Bending argues that the nineteenth century witnessed the shift from religious and philosophical representations and interpretations of pain to medicalized ones.

²⁴ Another example from Frances Taylor shows how the quotidian struggles mitigated the intensity of trauma. Taylor narrates how she received the news of death of a nun named Miss Smythe:

March 28th I was in the act of distributing the dinners to the orderlies for their wards, when the news of her death was brought to me, and it fell like the shock of a sudden death; and yet, such was our strange life at the time, I could not leave my employment, but was obliged to count out mutton-chops and half-owls till the hospital was served, and then went upstairs to the room of death. She died without a sigh in a state of unconsciousness. (Taylor, 139-140)

²⁵ Helen Rappaport, *No Place for Ladies: The Untold Story of Women in the Crimean War*. London: Aurum Press, 2007.

²⁶ Lady Blackwood comments on the army wives, which explains why they are left out of these war narratives. She states that the women, that is, the army wives were in her responsibility but describes their destitution and moral degradation as an inevitable fact before she moves onto exceptional examples.

...I felt more and more, how hopeless was the attempt, humanly speaking, to impress them with *right and proper feelings*, or *elevate their moral tone*, until Government would really take up their cause, and treat them as women belonging to a civilized country professing Christianity, and appoint separate apartments for the married couples, not allowing them to be herded together –so many in one undivided room, so many in another. (Blackwood, 184, italics my emphasis)

She notes that the conditions of the women would change starkly from one regiment to the other and claims that the reason behind the differences was the officers' approach to the army wives. With the hope that her text might provide useful suggestions to officers who read it, she calls for a brave and successful army that is strengthened by the moral influence of the army wives, rather than impeded by their moral degradation.

Chapter 2

The Politics of Sympathy: Mary Seacole and the Other “Other” Nurses

A visitor to the Florence Nightingale Museum in London today will find a variety of exhibits devoted to this iconic figure in nursing history: relics and personal possessions enclosed in glass cases, photographs and sketches of Nightingale, and a plastic model of the Crimean War battlefield marked with tiny electric light bulbs indicating the individual charges. The tour of the museum ends with an interactive section devoted to the Jamaican nurse, Mary Seacole, also known as “the black Nightingale.” In this section, visitors are invited to stand in front of a mirror to try on the three hats similar to the ones Seacole wore during her life time. They can also touch and smell the samples of healing herbs mentioned in her 1857 autobiography. Seacole’s section is the only section of the museum that is interactive, bridging the present day surroundings of the museum visitors and a pivotal era in history of British nursing, much like the autobiography itself, in which she performed the role of the sympathetic link between the distant site of war in Crimea and anxious contemporary readers in England.¹

This chapter analyzes the memoirs and journals written by Mary Seacole and lesser known women with allegiances to different parts of Britain, such as lady volunteer Frances Taylor, Welsh domestic servant Elizabeth Davis, Irish Catholic nuns Sister Mary Aloysius Doyle, Sister Mary Joseph Croke, and Mother Frances Bridgeman, who worked as nurses during the Crimean War and in their personal narratives, sanctioned or contested the emergent model of professional nursing

reinforced by Florence Nightingale's iconicity. Prompted by their racial, ethnic, class, and/or religious differences from "Nightingale nursing," these women politicize sympathy by returning to earlier models of nursing. By analyzing Seacole's autobiography together with other examples of life-writing by Crimean War nurses, which I call the Crimean War nursing memoirs, I bring her Afro-Caribbean context in dialogue with dominant Victorian nursing culture. Seacole's narrative resonates strongly with the accounts of the British nurses, who perceived themselves as domestic Others within the nation. I demonstrate how these women, including Seacole, used maternalism and non-normative forms of domesticity as textually performed subjectivities to negotiate their place in relation to the British empire and the homogenizing nationalist discourse of Nightingale nursing.

Nightingale's nursing model was not only emblematic of middle-class femininity, as many critics have argued. It also adopted a nationalist project of representing Britain in the transnational arena of the Crimean War by an organized and unified nursing system. This national unity, propelled by Nightingale's iconicity, was challenged by allegiances among a diverse body of nurses with varying incentives to work as nurses. I briefly discuss race and gender in context of British imperialism and situate Mary Seacole's text in relation to the emergent Victorian nursing culture. The bulk of my analysis centers on the discursive uses of maternalism and domesticity, which the nurses employ in their narratives through images of maternal sympathy, Christian sentiment, and alimentary domestic comforts. I also reframe Seacole's much-discussed maternalism in the light of her narrative's versatile engagement with its historical, geographical/cultural, and biographical contexts, such

as the eroticization of Caribbean mixed-race women, tension between gendered and professional expectations in Victorian nursing, Seacole's relationship with her own daughter, and the *post mortem* dissection she conducts on an infant cholera patient in Panama. I conclude my examination with a section on how the various writers' classed, ethnic, national, and religious commitments determined the ways that they perceived compensation for their nursing service.

As the title of *Notes on Nursing: What It Is and What It Is Not* suggests, Nightingale Nursing was defined by what it was not as much as what it was expected to be.² Both her letters from Crimea and the memoirs of the women who worked under her administrative authority reflect not only the dedication and the meticulous mind of the "lady with the lantern," but they also note the power struggles among nurses, who opposed Nightingale's efforts to establish her authority at the military hospitals.

Crimean War nursing memoirs collectively invoke some feminist writers' concern about merging gendered experiences under the rubric of "women," and a comparative analysis of these texts demands paying attention to the intersectionality of race, class, and gender in the dynamics of identification and alterity in the nurses' self-representation. The unwieldy division of the nursing staff into ladies, nurses, and nuns was further complicated by individual women's self-identifications as middle-class, working-class, Anglican, Catholic, Irish, English, bureaucratic, or entrepreneurial. In addition to Seacole, who worked independently in Crimea after being rejected by Nightingale's selecting committee, a lady volunteer, a working-class paid nurse, and a group of Irish Catholic nuns asked to be transferred to the army

hospitals at Crimea as a result of their conflicts with Nightingale.³ Welsh domestic servant Elizabeth Davis' and the Irish-Catholic nuns' texts reveal the racial tensions in the nursing body between English, Irish, and Welsh women at the front and the fragility of the discourse of national unity. One would think, as the War Department did, that recruiting nuns could be the perfect solution to ensuring a unified body of obedient and chaste nurses who would represent England and compete with the efficient nursing system of the French Sisters of Charity and *cantinières*. However, the British Sisters of Mercy proved to be neither the solution the need for obedient, dispassionate nurses nor a source of national pride because some of the nuns' religious and spiritual priorities developed into a defiant dissent from Nightingale's secular administrative authority.

The fractured nature of the nursing staff was intensified by the split between Irish-Catholic and Anglican nuns. Diaries, letters, and reports written by the Irish Catholic nuns are full of vitriolic comments against Nightingale's allegedly deliberate inefficiency in using the supplies, her abrasive authoritarianism, and her anti-Catholicism.⁴ Nightingale herself was eager to balance the number of rebellious Irish Catholic nuns with nuns from the Bermondsey Sisterhood, who were loyal to her. In a private letter to Elizabeth Herbert, she expresses her strong anti-Catholic and anti-Irish sentiments in reaction to Mother Frances Bridgeman's decision to move her nuns from Constantinople to the Balaclava hospital:

The Irish Catholic rebellion & establishment of the thirteen Irish nuns on an independent footing at Balaclava is what I have been expecting all along, & only wonder it did not take place before. It is the old

story... I think it is fraught with mischief. For these Irish nuns are dead against us – I mean England- the way their priests talk is odious. The proportion of R. Catholics & of Irish has increased inconceivably in the army since the late Recruits. Had we more nuns, it would be desirable to diminish disaffection. But *just not* the Irish ones. (Vicinus and Nergaard, 134)

Nightingale urges the War Office to send out more English Catholic nuns from Bermondsey Convent in order to “counterbalance the influence of the *Irish* nuns, who hate their soberer sisters with the mortal hatred which, I believe, only Nuns & Household Servants *can* feel towards each other” (Vicinus, 134). By “soberer” she means less zealous in their religious allegiance and therefore less eager to oppose Nightingale’s position as the Nurse Superintendent. In this letter, Nightingale adopts a hegemonic nationalist rhetoric, aligning herself with England through the pronoun “us” in opposition to the rebellious nuns. Her insistence on counter-balancing the number of Irish-Catholic nuns reveals the intricate political dynamics between ethnic identity and nationalism. Despite being promoted in the print media as a national project to compete with France, the mission to establish British military nursing soon became a mission of integrating the internal differences of the nation as represented in the multicultural composition of the nursing staff.

The Crimean War battlefields and hospitals formed a transnational space or a “contact zone,” to use Mary Louise Pratt’s term,⁵ where British nationalism was reimagined through domestic metaphors of nursing and mothering as it was concomitantly negotiated in relation to the transnational interactions in the multi-ally

war. While Nightingale was preoccupied with internal identity politics, the lady volunteers and upper-class nuns like Sarah Anne Terrot describe the East and Eastern people with the amused curiosity and informative detail, characteristic of imperial travelers to the “contact zones,” who constantly reposition their own Englishness in relation to the various Others they encounter. A lady-volunteer Frances Taylor, draws a picture of the multicultural mosaic of the Koulali Hospital that reflects both the social make-up of Constantinople at the time and the war itself: “Extraordinary were the scenes our one room would witness in the course of the day. The successive knocks at the door would bring in a wild-looking Greek with a message, a grave Turk with another, a Scotch orderly, our Hungarian servant, his German wife, officers, French and Italian servants, an Irish nun, and an English lady”.⁶ Amidst this medley of nationalities and classes, the “English lady” stands out at the end of the sentence as an unlikely figure to encounter but consequently a likely candidate to the bearer of British national identity. While the upper-class English ladies and nuns comfortably appropriate the imperialist narrative voice, others who diverge from the Nightingale nurse model display alternative attitudes to their multi-cultural surroundings. Elizabeth Davis’s narrative, for instance, despite being at once an autobiography and a travel narrative that covers a much wider swath of the globe than Mary Seacole’s — ranging from Rio de Janeiro to Cape Town to Sydney— does not manifest a sense of cultural or political connection to any of the places that she visits. While Davis can represent nursing and her compensation in terms of labor relations thanks to the security afforded by her British citizenship, Mary Seacole ironically adopts the descriptive and entertaining tone of the imperial travel narrative as well as the

sentimental tone of the nationalist nursing narratives in presenting her services to the British nation.

Acting as the “vector of sameness and difference,” to use Simon Gikandi’s phrase for colonial writers, Seacole negotiates an intricate web of imperial contexts and social meanings produced by the historical significance of travel for the black Atlantic writers.⁷ As she traverses diverse geographical and political territories, she acts in her dual capacity as a narrator and an autobiographical subject, alternately modeling her perspective on the Eurocentric travel narratives and speaking as a colonial subject of difference. Reading Seacole’s autobiography requires situating it at the intersection of a large variety of cultural and historical contexts, encompassing not only post-emancipation black Atlantic, Afro-Caribbean women’s autobiography and/or travel narratives, but also the emergence of professional nursing in the simultaneously national and transnational political atmosphere of the Crimean War. Although her alterity positions her in the margins of Nightingale nursing during the war, as the antithesis of the quiet and subdued Nightingale nurses, she can be in direct conversation with the issues and identity politics at the heart of British nursing, built on exclusionary politics of a homogenizing nationalism. The metaphoricized acts of nursing and mothering, which are widely employed in the other nursing memoirs, facilitate Seacole’s journey across cultural context. Presenting herself as the mother of all, Seacole creates the appearance of being at home wherever she travels.

But what does it mean for a Jamaican Creole woman to claim motherhood over British soldiers? How does Mary Seacole manage to negotiate her marginal position when her autobiography places her textual persona at the center of nationalist

texts like British nursing and war narratives? In *Maps of Englishness: Writing Identity in the Culture of Colonialism*, Simon Gikandi explores representations of Englishness that were constructed through the perspective of colonized subjects and emphasizes the double consciousness involved in the postcolonial writers' encounters and interactions with the Western culture. "How do colonial subjects write their identities within the cultural totality established by imperialism?" he asks, "If power still resides in the metropolitan center, even after empire, what is the meaning of a reversed gaze at the culture of Englishness?" Gikandi argues that women were, not surprisingly, the writers and spokespeople of an Englishness that was predicated on the "unknown, unknowable, and overwhelming" colonial alterity (Gikandi, 19).⁸ In imperialist contexts, women were either marginalized through their gender or transgressed their gender roles as representatives of imperial oppression, by serving the empire as travel writers, missionaries, and so on. Yet, he notes that "precisely because it was exclusionary, the colonial frontier promised females new models of subjectivity" (Gikandi, 122).

At the nineteenth-century American frontier, the same issue made women's position problematic too. However, Amy Kaplan, in her seminal work on nineteenth-century American nationalism and domesticity, argues that the seemingly disparate public and private roles of imperial women were not necessarily paradoxical because domesticity, especially at the American frontier, simultaneously embodied imperial expansion and the gender ideology of separate spheres.⁹ "Domesticity," she writes, "refers not to a static condition, but to a process of domestication, which entails conquering and taming the wild, the natural, and the alien[;] a mobile and often

unstable discourse that can expand or contract the boundaries of home and nation, [whose] interdependency relies on racialized conceptions of the foreign” (Kaplan, 26). Kaplan resolves the conflicting subject positions for women, posited by what Gikandi calls the “Manichean binary” of the domestic and the imperial spaces, by redefining imperialist domesticity as the act of domesticating, rather than a spatial concept that is contingent on the loci of the home or the national territory.

There are many similarities between Crimean War nursing memoirs and texts generated by colonial encounters. Although Crimea was technically not a colonial frontier at the time for the British Empire, it inaugurated a series of political and social interventions in the Ottoman Empire, which culminated in the British involvement in the area after the First World War. Moreover, the hyper-masculine space of the army and general anxieties about sending women to the utter chaos of war were analogous to the reception of women travelers and settlers in the colonial frontiers. For some of these women, memoirs constituted a site where they could negotiate their place as internal or external colonial subjects while simultaneously performing its civilizing mission as imperial agents.

Whether they were English, Irish, or Jamaican, Crimean War nurses assumed the role of recreating “home” on the battlefield and in the military hospitals, the latter of which, despite being at the fringes of the war, became the center of its representations in the media. Nightingale’s endeavors to establish military nursing and later to reform hospital nursing are efforts to find new models of subjectivity within male-dominated institutions. As is the case in colonial relationships, this was made possible by excluding or assimilating sexual, religious, and ethnic Others. Victorian

nursing culture was embedded in a culture of uprooted, mobile, and, I will add, performative domesticity that allowed mobility, freedom, and autonomy to marginalized women. Following Gikandi, Kaplan, and scholars of gender and race in the British Empire, I employ the concept of mobile (and mobilizing) domesticity to show how the Crimean War nurses embody and perform domesticity in their memoirs.

As critics have extensively discussed, Seacole reverses the model of the imperial woman, whose narrative sustains the “fiction of Englishness,” in Gikandi’s words, when she appropriates the civilizing mission of female agent of imperialism. By bringing domestic comfort to British soldiers and reinstating order on the chaotic fringes of the battlefield, Seacole moves from being a “radical figure of difference” to being a conduit of imperial domesticity. Seacole was born in 1806, the year when slave trade—if not slavery— was abolished. As a female post-emancipation writer, she does not explicitly claim her right to citizenship in her autobiography. Seacole instead uses a maternal narrative persona to engage her readers in affective bonds with herself. Rather than operating in a political or philosophical register like the black Atlantic writers Olaudah Equiano or Ottobah Cugoana preceding her, who aimed to prove their social and intellectual equality with their white British audience, she lays claim to the more intimate roles of mothering, nurturing, and domesticating in order to mitigate her stark alterity to the British national identity that it reenacted by Nightingale nursing.

As if anticipating Sister Eva’s advice to working-class private nurses, and most probably foreseeing the reading public’s need for patriotic emotion, Seacole

narrates her decision to travel to Crimea and work as a nurse as an emotionally motivated act in this often quoted passage:

Need I be ashamed to confess that I shared in the general enthusiasm, and longed more than ever to carry my busy (and the reader will not hesitate to add experienced) fingers where the sword or the bullet had been busiest, and pestilence most rife. I had seen much of sorrow and death elsewhere, but they had never daunted me; and if I could feel happy binding up the wounds of quarrelsome Americans and treacherous Spaniards, what delight should I not experience if I could be useful to my own 'sons,' suffering for a cause it was so glorious to fight and bleed for! I never stayed to discuss probabilities, or enter into conjectures as to my chances of reaching the scene of action. I made up my mind that if the army wanted nurses, they would be glad of me, and with all the ardour of my nature, which ever carried me where inclination prompted, I decided that I *would* go to the Crimea; and go I did, as all the world knows. (Seacole, 70-71)

The moment of decision is a thematically and structurally significant moment in all nursing memoirs, either inaugurating the narrative or marking the transition from private life to public service, which bestows social and political significance to the life-stories of these otherwise ordinary women. Seacole's moment of decision combines the staple tropes of the nursing memoirs like medical expertise, altruistic activity, feminine sympathy, and patriotic sentiment with her post-1806 racial politics, her political reclaiming of racialized affect as "ardent nature," and her confident

entrepreneurial personality. The “general enthusiasm” that she shares with the British through a strategic use of the first person plural “we”—reminiscent of Nightingale’s use of “us”— and her personal political attachment to abolitionist Britain prompt her to travel there, armed with reference letters from medical officers she worked with in Jamaica and Panama, and to apply for a nursing position to accompany Nightingale.

By narrating her experiences as a loyal and competent heroine, Seacole performs a role that her readers could inhabit by means of sympathetic imagination. This is further facilitated by her frequent pleas to her readers to imagine themselves in the soldiers’ place. Her desire to be a mother to the British “sons” merges with the presumed desire on the reader’s part to send help to the front. The optimism and energy of this passage serves the strategically double purpose of reflecting her spontaneous, energetic, and vigorous personality as well as building up the reader’s excitement only to frustrate it later on, when she is rejected by the British officials. After being politely rejected by the War Office, the War Department, the Secretary of the State, the Crimean Fund, and finally, by Elizabeth Herbert, who recruited nurses for Nightingale, Seacole decides to go to Crimea by her own means and to open a lodging house –significantly called the British Hotel- for the wounded soldiers.

The idiosyncratic nature of the language of Seacole’s nationalism stands in sharp contrast to that used by other diarists, for example that of the Welsh domestic servant Elizabeth Davis. Far from expressing humble feelings of honor and patriotic enthusiasm to be of service, Davis frankly disavows an emotional investment in nursing the soldiers: “I had from my early childhood,” tells Davis to her anthropologist interlocutor, “a dislike to soldiers; and this dislike was aggravated by

the cruel conduct of the sentries in India who prevented the young widow's escape from the suttee" (Davis, 153). Like Seacole, Davis had considerable experience of the colonial territories because she had traveled extensively with the families she worked for.

Davis takes a dislike to Florence Nightingale too. Fortunately, she likes travel and adventure. She decides to go to Crimea while reading about the Battle of Alma and talking to her sister about the war:

'Oh!' said I, 'if I had wings, would I not go?'

'What,' answered Bridget, 'go to the soldier? Well, I can believe anything, if you have changed your mind about them.'

I did not want to be a soldier, but to see what was going on, and to take care of the wounded.

Then again I read of Miss Nightingale preparing to take out nurses. I did not like the name of Nightingale. When I first hear a name, I am very apt to know by my feeling whether I shall like the person who bears it. (Davis, 153)

Davis never likes Nightingale. While working at the Scutari hospital, she opposes Nightingale's orders and subsequently, asks to be sent to Balaclava to work in the army camp with the Irish-Catholic nuns, who also exile themselves there. Labor and productivity motivate their narratives, rather than national or feminine sentiment.

Mother Mary, as she also called in the army camps in the West Indies and Crimea, fully employs the social meanings and metaphorical capacities of maternalism. Her self-proclaimed motherhood of the British army is complemented by

the widespread understanding that nursing can form bonds that are substitutive of familial bonds and thus, transport domestic order as far as the battlefield. Metaphoric motherhood allows Seacole and the other nurses to triangulate affective bonds between their readers and the soldiers with the help of maternal sentiment, images of food, and strategic uses of language, thus implanting themselves in a network of nationalist sentiment imagined in the form of familial ties. When introducing the British Hotel, Seacole says that regardless of what was happening in the camp, she maintained order and abundance in her own hotel. Despite being antithetical to Martineau's quiet, controlled, obedient nurse model, her exuberant, passionate, and self-aggrandizing narrative persona is fundamental to the political agenda of the Jamaican nurse, who has nothing but words to establish the bonds of sympathy between herself and her readers.

Maternalism and domesticity, which were famously rejected by Nightingale both in her personal life and her professional nursing system, are employed in most of the Crimean nursing memoirs for a number of narrative purposes: to present unthreatening types of masculinity, asexualize the nursing relationship, or to deploy Christian imagery. In fact, the maternalism performed by these women is mostly a textual persona and a cultural metaphor through which they can imagine and represent various issues like professional work, nationalism, religious identity, and their own alterity politics. The nuns draw from Christian imagery, which resonates with the dynamics of interchangeability between the soldiers' mothers, the maternal nurses, and anyone else who takes pity on the Christ-like suffering of the soldiers. Seacole

uses the same interchangeability to inscribe herself into the national narrative of the war and construct an affective citizenship with British families.

These examples reveal maternalism to be a performative subjectivity that can at times be incongruous with the lived experience of motherhood. Ironically, although they all draw from maternal metaphors in their narratives to extol their professional services, Nightingale, Seacole, Davis, and the nuns all rejected marriage and domestic life in favor of alternative means of maintaining social and/or financial stability. Like Nightingale and others, whose rejection of marriage and reproductive domestic life afforded them the opportunity to nurse the soldiers as surrogate mother figures, Seacole's choice to suppress the existence of her biological daughter in her narrative enhances her textual performance of symbolic maternalism.

In the first chapter, I discussed how the suffering body could represent abjection and inhibit sympathetic imagination. The nursing memoirs heal the traumatizing abjection of severely injured and disintegrating bodies by providing acceptable and soothing narratives of the nurses' sympathy. In *Powers of Horror*, Julia Kristeva describes abjection as analogous to repulsion from death, excrement, and rot, all of which threaten the subject with the possibility of being cast outside the symbolic order. She argues that because the maternal is the border of death and annihilation it shares these attributes with the abject and is capable of embodying or containing it:

But devotees of the abject, she as well as he, do not cease looking, within what flows from the other's 'innermost being,' for the desirable and terrifying, nourishing and murderous, fascinating and abject inside

of the maternal body. For, in the misfire of identification with the mother as well as the father, how else are they going to be maintained in the Other? (Kristeva, 54)

Kristeva's maternal does not only symbolize death and annihilation of the subject but it can also be a source of rebirth that inscribes the threatened subject back into a symbolic order of familial relationships. In this sense, the sympathizing nuns, nurses, Nightingale, and especially "Mother Seacole" all function as a capacious Kristevan maternal Other.

Goodman, whose narrative includes many passages of contemplation on the nature, possibility, and difficulty of sympathy for suffering, records a dialogue between a Sister and a soldier that is reflective of the maternal capacity to transform the abject body into an object of sympathy if not back into subjecthood:

"Sister you must get away from me; I am so loathsome that even my *own mother* could not approach me." "Oh! yes, she could," she answered, "and love you more than she ever did in her life." "True," he thoughtfully murmured; "when are we so loathsome as to be beyond a mother's love, a mother's hope, and a mother's prayer?" (Goodman, 104)

While the other writers gesture at the capacity of maternalism to contain abjection, often their narratives break down in case of overwhelming suffering. In such moments they opt for either dutifully and systematically reporting the physical conditions of the sufferers or they express their inability to describe such harrowing scenes. Seacole, on the other hand, deliberately and explicitly chooses to suppress

such gruesome details in the Crimean section of her narrative. Maintaining control over her narrative is not only a strategy in constructing an authorial voice for Caribbean women, as critics have demonstrated at length, but also an opportunity to display her ability to contain the abjection of suffering bodies within her almost Kristevan maternalism and present them as objects of sympathy through her narrative.

Seacole's maternalism traverses imperial frontiers from Jamaica to Panama to Crimea, where she nurses the sick and wounded British soldiers, abjected from— or rather as a result of— imperial endeavors. “Their calling me ‘mother’ was not, I think, altogether unmeaning,” she says, “I used to fancy that there was something homely in the word; and, reader, you cannot think how dear to them was the smallest thing that reminded them of home” (Seacole, 112). Mother Seacole establishes emotional bonds with her patients and clients, a few of whom she embraces as sons, exchanging condolence letters and mourning relics their mothers. When departing for the trenches in Crimea, young soldiers often dined in her hotel and take leave of her in lieu of their own families. “I used to think” she says “it was like having a family of children ill with fever, and dreading to hear which one had passed away in the night” (Seacole, 132).

There are several issues that complicate Seacole's maternal narrative persona, however, such as the omission of her own daughter from her autobiography, her *post mortem* dissection of an infant patient, and the eroticization of Jamaican female mixed-race lodging owners in the cultural imaginary. Evelyn Hawthorne and Nicole Fluhr ask why Seacole chose to suppress certain details of her life such as the nature of her relationship with her business partner Mr. Day or the little girl she had with her

at the British Hotel, the latter of whom was mentioned by her notable contemporaries like the French chef Alexis Soyer to be her daughter.¹⁰ Hawthorne suggests that the presence of a daughter would evoke questions about her legitimacy and Seacole's sexual purity. Commenting on Seacole's seemingly apolitical attitude and her refusal to base her identity solely on her Jamaican heritage, Sandra Pouchet Paquet draws attention to her stark individualism: "Seacole projects herself as a public but solitary figure who has no real continuing connection with family, with Jamaica, or with other women".¹¹ More recently, Nicole Fluhr has argued that "given [her] unorthodox textual persona, the existence of a biological daughter struck the autobiographer as inassimilable to the written account of her life".¹² Unlike the white British (or American) "empress of the home" in Kaplan's words, Seacole has her own capital and no husband or family to submit to. Yet, it is only by suppressing the details of her actual domestic life, that Seacole can inhabit multiple personas, sustain her multiple affiliations, and develop a maternal capacity to absorb the abjection of the war victims.

I argue that while her omission of the daughter and similar personal details from the autobiography is an attempt to create a salubrious colonial subject, it is concomitantly an attempt at approaching the asexual professional nurse model and recreating herself as a symbolic mother figure. The presence of actual family, other than her long-deceased husband, would ground her in the patriarchal structures of family and weaken her text's powerful myth-making process. As a free-floating sign of maternity, unbridled by the patriarchal context of immediate family, Seacole performs the fantasy of the mother as a never-ending source of plenitude, power, and

domestic order in the cultural imaginary of the nationalist war narratives. The ultimate mother figure who emerges out of the war is “Mother Seacole”. By famously declaring herself as the “doctress, nurse, and mother” of the army camp Seacole solidifies the connection between suffering, abjection, nursing, and motherhood in the cultural imaginary (Seacole, 183). Sarah’s (or Sally’s) absence from the autobiography complicates this autobiographical maternal persona by revealing the partition between the iconicity of her symbolic maternalism and her biological motherhood.¹³

Seacole’s textual performance as a maternal cultural sign is further complicated by her clandestinely conducted *post mortem* examination of an infant cholera patient in Panama, which she includes in the Caribbean section of her autobiography in order to demonstrate her commitment to medical knowledge. The dissection scene that is supposed to serve as proof of her medical expertise and professional zeal, destabilizes the affective impact of her textual maternalism which, despite being able to contain the abjection of war victims, is not capable of containing the clinical detachment required in the medical professions. Thus, Seacole faces the dilemma that all the ladies, nuns, and nurses had to negotiate between the traditional normative femininity that allowed them access to the nursing profession and the professionalism that they were expected to maintain once in the medical institutions.

Following a sentimental description of nursing a young orphaned boy in her lap through the night as she prayed for his survival, she narrates bribing “the man who had taken the dead child away to bury it” and dissecting the corpse in the morning, in order to learn more about cholera.

Then it was that I began to think- how the idea first arose in my mind I can hardly say- that, if it were possible to take this little child and examine it, I should learn more of the terrible disease which was sparing neither young or old, and should know better how to do battle with it. I was not afraid to use my baby patient thus. I knew its fled spirit would not reproach me, for I had done all I could for it in life- had shed tears over it and prayed for it. (Seacole, 34)

There are many factors in this passage that would mitigate the force of the image of motherly Seacole dissecting the body of an orphan, which she procured through dubious means. First of all, the goal of obtaining scientific knowledge preempts the possible moral, religious, gendered qualms of her readers. The child is already dead and despite the emotional connotations of such phrases as “the little infant,” “this little child,” and more poignantly, “my baby patient” he is already relegated to the pronoun “it” in Seacole’s account. She does not forget to mention fulfilling her affective and spiritual duties as a woman and a nurse by shedding tears and praying for her patient. This scene also brackets off Crimea as the territory of sentiment, humor, and adventure, by relegating the sensational- albeit necessary- elements of medical training to the colonial zones where she recounts many more tales of horror.

The rhetorical transition from emotional nurse to emotionally detached medical scientist is not difficult for Seacole, who frequently displays versatility in slipping in and out of her textual personas. But the text’s dynamics—its multiple social and historical contexts—are more complicated than Seacole’s matter-of-fact delineation makes it to be. While Sandra Gunning traces Seacole’s ease with claiming

medical authority to her heritage of Caribbean medical practices, such as “doctressing,”¹⁴ which could accommodate both maternalism and medical work, such a purely clinical engagement with the human body is not compatible with neither Nightingale nursing nor the Victorian ideology of separate spheres. Moreover, this clandestine *post mortem* examination also evokes the grave-robber scandals of the early century, where the incipient cultural perception of medicine and anatomy became entrenched in anatomists’ shady connections with grave-robbers, executioners, and even murderers.¹⁵

Seacole’s audacious actions resonate with some immediate concerns of Nightingale nursing, such as its anxiety about the modesty of women working in medical professions.¹⁶ Many of the nuns mention being allowed to use surgical instruments, administer medications, and intervene with urgent wounds as proof of the medical officers’ trust in their efficiency. Seacole, on the other hand, arrives in Crimea fully equipped with skill, experience, and a sense of entitlement to do useful work. The esoteric medical knowledge of the body places her on par with medical men and more importantly above her ignorant readers. “I need not linger on this scene,” she writes “nor give the readers the results of my operation; although novel to me, and decidedly useful, they were what every medical man well knows” (Seacole, 35) Even if the dissection is too heartless an act to stomach for some readers, it is not crueller than the indiscriminating attacks of cholera which decimates the Jamaican, Panamanian, British, American, and Spanish alike. Seacole notes that she could have saved more patients with her new knowledge of the disease, had she got the chance before.¹⁷ While trying to prove her medical knowledge, however, she unintentionally

associates herself with the sensational grave-robbers of the early century, problematizing the affective femininity that she is trying to cultivate in her narrative.

The transnational journey of Seacole's text results in the constant change of her actions' cultural valence from one geography to the next. While motherhood allows Seacole to establish and triangulate sympathy between her authorial self, her readers, and the objects of their sympathy, it does not efface her racial and colonial alterity. Seacole's text reflects some assumptions and stereotypes attributed to the maternal black female body in North America and the Caribbean.

The lingering eighteenth-century equation of tropical climates with unrestrained and uncivilized female sexuality is in play in Seacole's narrative and its cultural reception in England.¹⁸ More particularly, the narrative navigates the complex social status of female mixed-race lodging owners in the Caribbean. Bridget Brereton, among others, has argued that mixed-race women occupied a relatively privileged position in Jamaica, compared to black women and mixed-race men because they had more opportunities of social mobility and unlike white women they also had possibilities of social economic freedom. Brereton writes that in addition to the women who maintained mixed-race families of white men and ones living in destitution, there were also several wealthy and successful mixed-race female business-owners in nineteenth-century Jamaica. These arrangements of semi-commercialized care work offered mulatto women a higher status in the racial hierarchy while their socio-economic power lead to their eroticization as objects of desire. As Sandra Gunning, Paulette Kerr, and Patricia Muhammed have noted, these women provided domestic care, or what Gunning calls "comfort service," in the form

of lodging, food, and sex to European men abroad in their lodging homes.¹⁹ Gunning argues that Seacole's descriptions of herself, in particular her portliness, draw on this stereotype of mixed-race women.

Nightingale capitalizes on the eroticized stigmatization of the nonwhite lodging-owners when she mentions Seacole's famed kindness with irony in a letter: "Whoever employs Mrs Seacole will introduce much kindness and much drunkenness." Seacole on the other hand takes pride in her exoticism in her narrative as she flaunts her colorful clothes on the streets of Constantinople.²⁰ Her honorary mention in the 1881 memoir of a chaplain's wife, Lady Alicia Blackwood, attests to the fact that by the end of the century, she has attained an established, albeit contentious, place in the British recollection of the war: "one must appreciate the wisdom exhibited by the good old lady not only in providing every variety of article, both edible and otherwise, but likewise the tact and never-varying good-nature she exhibited to all her customers; and notwithstanding the heavy prices at which her goods were sold, no one grumbled".²¹ Despite her not so subtle skepticism of Seacole's commercial motives, Blackwood does not fail to adopt *The Wonderful Adventures*' rhetoric of sympathy and altruistic enthusiasm. Seacole herself emphasizes the nurturing aspects of the cultural stereotype with the help of her humorous tone and her abundant use of food images.

Food is an important narrative trope at the crux of care work, gender, and affect in the nursing narratives. Seacole describes it in long lists and great detail as the material instantiation of her maternal care. Her detailed descriptions of food mollify the frustration expressed and aggrandized by the press. Food draws its significance

from nurturing affective bonds while serving as their material basis. It provides the familiar rituals around which people can gather and form a community. It comes to stand for sympathy and care literally and symbolically and allows Seacole to fortify her self-image of the motherly source of food, care, and comfort. Most of the time, these descriptions incorporate the readers into the scene of fulfillment and enjoyment:

Don't you think, reader, if you were lying, with parched lips and fading appetite, thousands of miles from mother, wife, or sister. ... -don't you think that you would welcome the familiar figure of the stout lady whose bony horse has just pulled up at the door of your hut, and whose panniers contain some cooling drink, a little broth, some homely cake, or a dish of jelly or blanc-mange. (Seacole, 111)

The soothing list of the foods she offers in this passage heals the narratively constructed moment of panic and despair when both the unanimous soldier and the imaginative reader are lying down "with parched lips and fading appetite". With her "cooling drink, a little broth, some homely cake, or a dish of jelly or blanc-mange" Seacole carries a piece of home to the soldiers, while on the level of the narrative, she appeases the readers' worries over the depravations suffered by the soldiers, bringing order and piece to the chaos and horror of the battlefield.

Food takes up a large part of all the nursing memoirs. At the hospitals, the routine treatments consisted of dressings the wounds, applying poultices, and trying to provide nourishment for the patients as regularly as possible. Procuring the food from the stores and trying to feed the patients, some of whom were too weak to eat, seems to be the major preoccupation of every nurse. Sarah Anne Terrot's journal, for

instance, has half a chapter dedicated to the scarcity of pudding. While the fellow-Sellonite, Sister Elizabeth makes special efforts to procure the pudding, Terrot opts for remaining within the limits of the bureaucratic procedures of the supply stores to avoid causing trouble: "I sometimes feared that had my men more nourishment their lives might have been prolonged, but as no effort on my part could have procured more, though unhappy, my conscience was easy" (Terrot, 101). Despite her resignation to the scarcities of food outside her control, the guilt of not being able to procure food and supplies for the soldiers resonates in the other accounts and the newspaper reports on the poor condition of the army.

Lady Blackwood's journal is combination of a travelogue and an endless saga of trying to find decent bread, meat, serving plates etc. Procuring edible food is a way of maintaining class status. In the hospitals especially, certain food items of national significance, often represent normalcy for the sufferers and the nurses. Sister Aloysius recounts that when Mary Stanley returns to London, she meets the Queen, who asks what she can send as a gift. Stanley suggests flannel shirt, mufflers, butter, and treacle.²² When the supplies arrive, the physicians oppose the distribution of the treacle, worrying that the patients will create a mess, but the nurses and the nuns arrange it to be given out to each patient individually. Among the pain, filth, and hunger that abound the narrative, the image of the Queen's gifts and the soldiers, forming lines to get their bread and butter, transform the hospital and the army into a domestic space. Aloysius finishes her anecdote with a happy tableau of the soldiers enjoying their bread and treacle as they are watched by visiting ladies:

We told them [the soldiers] that it was a gift from the Queen; and if Her Majesty could only have seen how gratified they were it would have given her pleasure. One evening Lady Stratford [British ambassador's wife], and some distinguished guest who were staying at the Embassy, came, and were much pleased to see how happy and comfortable the men were, and how much they enjoyed Her Majesty's gifts. (Aloysius, 51-52)

Food also constitutes a significant part in the social rituals that not only restore the sense of normalcy to the site of trauma but also reaffirm national unity and identity. The most prominent example of this is, not surprisingly, Christmas pudding. Several of the memoirs include anxiety-ridden passages on the Christmas pudding. Sister Mary Aloysius's narrative of the 1855 Christmas, during which she was in charge of the kitchen at the Balaclava hospital, comprises both of a description of the four Masses she attends, and of how her staff managed to make pudding for everyone even though the eggs intended for the purpose had been eaten by rats the night before. Meanwhile at the Barrack Hospital in Constantinople, Goodman arranges necessary ingredients, so that each man in her ward could make his own pudding: "The 'Roast Beef of Old England' was out of the question," Goodman writes "but, with the aid of a good deal of imagination, it seemed possible, at least, to secure the Plum Pudding" (Goodman, 121). She tells her readers that as soon as the doctor leaves the ward, each man produces a small portion of flour, fat, and an egg from under his pillow and starts making small puddings, which were sent to the kitchen to be cooked. "I assisted many to make the pudding whom nothing short of a miracle would enable to eat it; still they

must have the thing” (Goodman, 121). Despite the poignant downfall from “Roast Beef” to “Plum Pudding” in terms of their gendered connotations, this passage marks the role of everyday objects and rituals in restoring the sense of normalcy for the war victims. Domestic activities like making the Plum Pudding for Christmas are expected to elevate the soldiers’ morale and rebuild the sense of belonging and connection with the motherland.

In contrast to the other memoirs, which focus on the scarcity of food or the difficulty of procuring it, Seacole offers a cornucopia of victuals and delicacies for every occasion. She inundates her readers with litanies of mouth-watering edibles, accounts of handing food to the hungry and exhausted soldiers in the trenches or providing dinners and pastry to the officers in her hotel. Most of the time, these descriptions incorporate the readers into the scene of fulfillment and enjoyment, as in this passage, where she gives an account of the fares available in her store:

Or if you felt too ill to partake of your rough camp fare, coarsely cooked by a soldier cook, who, unlike the French, could turn his hand to few thing but fighting, and had ridden down that muddy road to the Col, to see what Mother Seacole could give you for dinner, the chances were you would have found such a good joint of mutton... or you would have stumbled upon something curried, or upon a good Irish stew, nice and hot, with plenty of onions and potatoes, or upon some capital meat-pies. (Seacole, 122)

Lists of food are dispersed all over the text. She devotes whole paragraphs to rice-puddings made without milk, Welsh rabbits, and pastry, the last of which gets a whole

page. She gives recipes for her famous claret and offers cider cups and cooling drink in hot summer days. Food in Seacole's narrative is more than a necessity or the minimum nourishment required for survival but an emblem of home, comfort, and leisure. Eating a decent meal is presented as a way of retaining a piece of the orderly, familiar life that is completely destroyed in the war environment.

Seacole's detailed descriptions of food mollify the frustration expressed and aggrandized by the press. This hypothetical dinner party, for instance, appearing side by side with the deathly trenches reminds the reader what Seacole's food stands for:

Now, supposing you had made a hearty dinner and were thinking of starting homeward- if I can use so pleasant a term in reference to your cheerless quarters- it was very natural that you should be anxious to carry back something to your hut. Perhaps you expected to be sent into the trenches (many a supper cooked by me has been consumed in those fearful trenches by brave men, who could eat it with keen appetites while the messengers of death were speeding around them); or perhaps you had planned a dinner party, and wanted to give your friends something better than their ordinary fare. (Seacole, 132)

The contrast of the muddy, cold, and dangerous trenches and the dinner party is emblematic of portable domesticity as an amalgamation of masculinist imperial expansion and nationalism imagined as domestic space. Seacole describes her hotel as a domestic haven of abundance and order in the middle of war and death—one with a strong allegiance, furthermore, to a nationalist British agenda.

The food, which she describes in long lists and great detail, functions as the instantiation of affective bonds with soldiers. It draws its significance from affective bonds while serving as their material basis. Creating familiar rituals around which ad hoc communities may be formed, food comes to stand for sympathy and care. Literally and symbolically, the provision of food allows Seacole to fashion around herself a motherly image of care and comfort.

While maternalism and mobile domesticity facilitated these otherwise unprivileged women's entry into such highly male-dominated public spaces as the medical profession and the army, different kinds of compensation that they received in return for their work determined the ways that they positioned themselves in relation to British nationalism incarnated in the masculinist institutions and Nightingale nursing. Besides lady volunteer Fanny Taylor, Elizabeth Davis is the only woman who includes the employment contract in her text. Davis's narrative reveals the fact that Seacole's sympathy and nursing is commercialized care work. After all, she works as a sutler, running a hotel and her narrative is also the story of her bankruptcy and her plea for financial support. Davis' reveals the fact that the discourse of affect and sympathy used by the writers is also embedded in an economic context. While some writers emphasize the disinterested nature of their work, for others nursing was a business venture or paid employment as well as a patriotic duty.

The issue of payment or compensation for nursing services is as significant as the women's professed incentives for nursing. Seacole and Davis's texts can be categorized together as working-class autobiographies, however, Seacole is reticent about financial compensation for her work, partly because her narrative follows a

post-emancipatory tradition of acclaiming citizenship and equality, while Davis, as a British subject, has the opportunity to engage directly in labor relationships. The unannounced objective of Seacole's autobiography is to raise funds for herself, yet, in the text, she emphasizes only the affective debt of the English nation, which will hopefully prompt financial compensation and security. The concomitant security of citizenship and her alienation as a domestic colonial subject, lead Davis to present her services as labor and report getting paid as a laborer without the affective and cultural connotations of her work to interfering with her negotiation of payment.

Davis's autobiography is also the only text by a paid nurse and the only one where wages are mentioned. Davis alone emphasizes the fact that nursing was a source of income, rather than simply a purely altruistic vocation, for some women who served in the Crimea. Frances Taylor includes the work agreement together with the list of rules and regulations to account for the professionalism and discipline of the nurses. Like Aloysius and Seacole, Davis reports completing enormous amounts of work, such as preparing three hundred sets of bedding on her first few days at Balacava, but she presents this without the patriotic sense of duty, which the others impart to their narratives.

The nuns' narratives reflect an attitude that is hard to classify in terms of class consciousness or nationalist sentiment. Not only do they resist class categorization by withdrawing from the capitalist economy of labor, but their differing notions of philanthropy and their anxious or proud refusal of monetary compensation also complicate their relation to the nation. The nuns were adamant about not being paid, and their expenses were covered by their convents. In her concluding remarks, Terrot

mentions a sum of £348 sent by the Ottoman Sultan as a gift to the Sellon Sisters, reporting the concerns over accepting the gift. She explains that the money was distributed as charity since returning it would not be diplomatically appropriate. The nuns' rejection of payment can be seen as a refusal to be identified through class and national identities.

Sister Mary Joseph Croke, who was one of the nuns who rebelled against Nightingale and moved on to Blaclava notes their own priest's surprise at the nun's free labor: "Another visit from Father Unsworth who only just discovered incidentally that we were not paid by Government. He was utterly astonished that we were working for the love of God and our neighbour; he says the Government out to go on their knees 'to thank us and that he would make them do it'. He will have hard work!"²³ In her unpublished diary, she displays a cheerful animosity toward Nightingale as well as a penchant for composing short satirical poems about the working conditions, the hospital system, and the destruction of the war.

In *Say Little Do Much*: *Nurses, Nuns, and Hospitals in the Nineteenth Century*, Sioban Nelson argues that institutionalization and professionalization of nursing replaces the nuns' invisible work and "vocational ethos" with a distinctly English and Protestant wave of secular reformer. Nelson writes that recovering the missing history of nuns in nursing history can counter their image as pre-professional and acknowledge their contribution to the history of nursing. Although the Sisters of Charity made significant contributions to British nursing, their priorities were not compatible with Nightingale's nursing model because it was based on obeying a secular hierarchy.

The main concern regarding employing the nuns in nursing was the danger of proselytizing and their possible inclination to prioritize the patients' religious salvation over their physical well-being. Indeed, the nuns hold their vocational ethos over the secular, middle-class, philanthropic nature of Nightingale nursing. Mary Aloysius includes an excerpt from a letter sent by Bishop William Delany to be communicated to the nuns through their Mother Superior, Frances Bridgeman: "Noble as benevolence is, you are not mere philanthropists in the restricted meaning of the term, though in its true sense the philanthropist is one who would minister to the comfort of the soul no less than to the wants of the body" (Aloysius, 86). Their conflicting priorities in nursing lead to their contentious relationship with not just Nightingale but also the secular nation-state. Unlike Davis, who separates her loyalties from her work by representing it in economic terms, the nuns negotiate their allegiance to their religion through intricate dynamics of incommensurable debt.

It is difficult to put the nuns' selfless volunteer work on par with the philanthropic work of the lady volunteers because, even though neither of them get paid, the two groups seem to achieve different types of social and affective compensation for their work. While the volunteer status of the ladies allowed them to reaffirm their patriotism and class superiority, the nuns' refusal to accept monetary compensation for their work took the form of insistence on financial and political independence and immunity against the nationalist imperatives to be subsumed under the status of British citizens paid by the State. It is not possible to class them as working-class either, even if Nightingale recognizes a lower-class *ressentiment* in the nuns' adversity against her administration by equating the nuns and house servants in

her letter quoted earlier. While some forms of imagined heterogeneity such as nationalism are seen as necessary for, as well as contingent on, affective bonds, the collective uniformity and shared experience do not automatically generate group consciousness or sympathy. On the contrary, as Nightingale and Margaret Goodman remark, “the peculiar social position” of the nuns, in combination with their differing notions of “vocational ethos,” inhibited affective bonding among themselves as well as with others.

Nightingale nursing was a site of negotiation of various identities, as evinced in the memoirs of the nurses, who display awareness of themselves as racial, ethnic, or religious Others. The texts display a recurring struggle of the writers to be included in the nursing body while maintaining their individual positions of alterity. The politics of inclusion/exclusion point at the fact that what was at stake in professional nursing was not solely an issue of reaffirming traditional gender roles but also reconsolidating national identity by disciplining social and affective behaviors. Crimean War nurses came from very different backgrounds. Their texts reflect the multivocal atmosphere of the war as it was witnessed through the print media and the unifying, reconsolidating functions of sympathetic structures that they create through their texts.

Seacole and others offer to suture the geographic distance between the site of war and the anxious British public, whose experience of the war was mediated thorough the print media, by offering healing narratives of nursing, maternalism, and sympathy. Seacole in particular, exemplifies the interplay of the domestic space of

nationalism and the imperial frontiers, as a racial figure who embodies, performs, and commercializes domesticity. The texts that reflect consciousness of racial or ethnic alterity such as hers and Davis' autobiographies, reinterpret Kaplan's American model by presenting a notion of mobile domesticity embodied in their narrators' bold, emotional, working-class personas. Alterity politics employed by the colonial, working-class, or religious nursing memoirs display the wide array of backgrounds, allegiances, attitudes, and incentives involved in nursing relationships by presenting it in unconventional forms such as commercial venture, labor, and religious work.

Notes:

¹ Seacole's narrative can be diachronically situated in multi-cultural contemporary Britain, where her present-day commemoration is part of the contemporary integration and diversity movements which reclaim her as a professional role model for non-white British children. In the past two years the Mary Seacole Centre for Nursing Practice has been campaigning to have a Mary Seacole statue erected in order to acknowledge her as a Crimean heroine along with the other white British heroes of the Crimean War. The Centre has also developed the Multi-Ethnic Learning and Teaching in Nursing (MELTING) project, which aims to provide training in developing a trans-cultural understanding in nursing practice both for the nurses and the patients. Additionally, Mary Seacole Society promotes Seacole as a role model for children of color who can relate to the Jamaican nurse more easily than they would to Florence Nightingale. Sue Carpenter, "Forgotten Angel of Crimea"

<www.caribvoice.org/profiles/html>.

² In the nursing manuals by Nightingale and others, the ideal nurse was envisioned as a quiet, obedient, observing, asexual woman, who would monitor and tone down the patients' emotions, as well as her own excess sympathy or zeal. As much as her medical knowledge and efficiency her competence was measured by her ability to follow the physician's orders and act as his eyes in his absence. Nursing became recognized as an strongly gendered profession and, as Catherine Judd argues, literary representations of "the new nurse" constituted a cultural project of defining and reaffirming middle-class femininity (Judd, *Bedside Seductions*).

³ In the autumn of 1855 the Irish-Catholic nuns, who worked in Kuleli under the charge of their Mother Bridgeman and Mary Stanley, were accused of disobedience to the medical officers because they have been giving out extra food and clothing to the soldiers, which the medical officers found to be extravagant use of the supplies. At Dr. Hall's request, Mother Bridgeman took her nuns to the General Hospital at Balaclava, pulling four of them out of the Barrack Hospital in Scutari. At Balaclava, the nuns refused to recognize Nightingale's authority claiming that she was appointed the Superintendent of Hospitals in Turkey, which would leave Crimea out of her jurisdiction. Nightingale stayed in Crimea during October and November of 1855, inspecting the Crimean hospitals and negotiating with the nuns. Finally, she obtained general orders that promoted her to be in charge of all the medical services in Crimea, possibly prompting Mother Bridgeman's group to resign and return to England. She returned to Scutari to attend to the cholera outbreak until she left for England on 28 July 1856 (Vicinus and Nergaard, 131). Her power struggles both with Mary Stanley, who took charge of the Kuleli Hospital staff, and with Mother Bridgeman turned into publicized controversies.

⁴ Not only were the Protestant nuns assumed to be less prone to prioritizing their religious commitment over obeying the hospital rules but they were also predominantly English. Nightingale's letters indicate that that was biased against the Irish-Catholic nuns, who defied her. On the other hand, three Anglican English ladies

working with Nightingale—namely Frances Taylor, Mrs. Weaver, and Mary Stanley—were critical of Nightingale’s system and her treatment of the Catholic nuns. Mrs. Weaver asked to be transferred to Balaclava; Mary Stanley left the Koulali hospital; and Fanny Taylor converted to Catholicism after the war.

While Nightingale had a contentious relationship with the Catholic nuns of Norwood order, she seemed to get along with the other group of Catholic nuns from the Bermondsey order, who fully recognized her administrative authority. In fact—as Mary C. Sullivan shows in her *The Friendship of Florence Nightingale and Mary Clare More* (University of Pennsylvania Press, 1999)—the Mother Superior of Bermondsey nuns Clare More and Nightingale developed a friendship and continued to call each other “my Pope” and “my Cardinal” even long after the war.

⁵ Pratt describes contact zones as “social spaces where cultures meet, clash, and grapple with each other” (Pratt, 519). Mary Louise Pratt, *Imperial Eyes: Studies in Travel Writing and Transculturation*. New York: Routledge, 1992.

⁶ Frances Taylor, *Eastern Hospitals and English Nurses; The Narrative of Twelve Months’ Experience in the Hospitals of Koulali and Scutari by a Lady Volunteer*. London: Hurst and Blackett Publishers, 1856: 132. The upper-class writers often reiterate the conventions of British travel writing. They express admiring fascination and reformist compassion toward the richly-dressed but poorly-educated Turkish women they meet; they take a cosmopolitan enjoyment of the medley of nationalities in the city and among the ally armies; they include reports on the very efficient French Sisters of Charity with competitive respect; and, they list humorous yet affectionate vignettes of the Irish and Scottish soldiers in their wards.

⁷ Travel has a complex role in configurations of femininity, domesticity, and racial identities. Gretchen Holbrook Gerzina in “Mobility in Chains: Freedom of Movement in the Early Black Atlantic.” (in *The South Atlantic Quarterly* 100:1 (Winter, 2001): 41- 59) contrasts the particular position of black Atlantic writers to the travel writing tradition where “home” represents the national territory and signifies safety: “For many of the mobile black writers, however,” she argues “travel itself acted as the safer domestic space, conferring at least a temporary freedom akin to that in which nonenslavable people found ease and community” (Gerzina, 44). In contrast to the male writers of the black Atlantic, Seacole uses her gender to embody the home. Thus, she politicizes domesticity and sentimentalism with the help of the political liberty that travel and mobility traditionally provided for the pre- and post-emancipatory subjects. Catherine Judd points at the dual status of her text as life-writing and travel narrative at once: “Like Odysseus, Seacole brings back news from what her British audience would have seen as the margins of the world, margins that seem so to be either disintegrating (Jamaica or the Crimea) or inchoate (Panama), and whose chaos has been generated especially through the exigencies of British imperialism” (Judd, 110).

⁸ Women, Gikandi argues, “were ideally placed to understand the ways in which alterity was constitutive of identity, of how much the narrative order and civility was predicated on the disorder and excess excluded from the big houses of Englishness such as Mansfield Park and Thornfield” (Gikandi, 121). Simon Gikandi, “Chapter 4: Imperial Femininity: Reading Gender in the Culture of Colonialism” and “Mary

Seacole: In and Out of Englishness" in *Maps of Englishness: Writing Identity in the Culture of Colonialism*. New York: Columbia UP, 1996

⁹ Amy Kaplan, "Manifest Domesticity" in *The Anarchy of Empire in the Making of U.S. Culture*. Cambridge MA: Harvard UP, 2002: 23-50. Kaplan points at how critics, writing on the separate spheres "deconstructed the permeable boundary between the putatively separate spheres; and they have shown how the extension of female sympathy across social classes worked to uphold the very racial and class hierarchies that sentimentality claimed to dissolve" (Kaplan, 22). She also shows how, at the same time, the discourse of domesticity was "intimately intertwined with the discourse of Manifest Destiny in antebellum U.S. culture," arguing that "the 'empire of the mother' developed as a central tenet of middle-class culture between the 1830s and 1850s, at a time when the United States was violently and massively expanding its national domain across the continent" (Kaplan, 24-25). Although the separate sphere ideology envisioned the home as a rigidly bound space where the wife and mother reigned over her own "empire," at the expense of giving up her active presence outside in the ever-expanding male sphere of territorial conquest, Kaplan shows "that these gendered spaces [of the empire and home/nation] were more complexly intermeshed; that 'woman's true sphere' was in fact a mobile and mobilizing outpost that transformed conquered foreign lands into the domestic sphere of family and nation" (Kaplan, 25). As illustrated in women's magazines, rather than being imagined as solidly located in the homeland, domesticity travels to the frontier where it constantly embraces foreign elements and subjects in order to Christianize, Americanize, and domesticate them.

¹⁰ Hawthorne, Evelyn. "Self-Writing, Literary Traditions, and Post-Emancipatory Identity: The Case of Mary Seacole." *Biography* 23.2 (Spring 2000): 309-331.

¹¹ Sandra Pouchet Paquet, "The Enigma of Arrival: *The Wonderful Adventures of Mrs. Seacole in Many Lands*" *African American Review* 26.4 (Winter, 1992): 641- 663. Pouchet Paquet writes that "Mary Seacole's rebellious, independent, competitive, Jamaican woman's spirit creolizes and feminizes the European male space that is the Crimean war zone, but her achievements are represented as individual accomplishments that celebrate service and devotion to patriarchal authority and Empire, as embodied in the British military." (Paquet, 655)

¹² Nicole Fluhr, "'Their Calling Me 'Mother' was not, I Think, Altogether Unmeaning': Mary Seacole's Maternal Personae." *Victorian Literature and Culture*. 34.1 (2006): 97.

¹³ Historian Nella Painter in her article on Sojourner Truth, expresses her surprise at the incredulity and harsh criticism she received when she presented new-found biographical information on the legendary deliverer of "Ain't I a Woman?" that pointed at the possibility that she might not even have written the speech herself. Painter narrates how the criticism she received, led her to realize the social and political function of Sojourner Truth's iconicity, which should be seen as distinct from the historical Truth, so to speak. Both Nightingale and Seacole's iconic statuses can be destabilized in many ways.

¹⁴ "As the declared representative of traditional British values, Seacole moves interchangeably between the roles of mother and clinician, validating not European

but, rather, the Jamaican Creole medical practices she learned from her mother” (Gunning, 965).

¹⁵ The infamous Burke and Hare murders and the Benthamite 1832 Anatomy Act, which allowed anatomists to use unclaimed bodies of deceased workhouse inmates, revealed a discomfiting proximity between medical men and crime, which fostered anxieties concerning clinical detachment and its moral implications. For further reading on grave-robbers and anatomists, see Ruth Richardson, *Death, Dissection, and the Destitute*. Chicago: University of Chicago Press, 1992.

¹⁶ Gunning notes that “... though the Panamanian section of the narrative can be justified because it first reveals the kind of medical resourcefulness and charity she will display in the Crimea, Seacole is by far the antithesis of Nightingale’s model of the ideal Crimean nurse who neither encouraged morally compromising situations with men nor challenged to role of the male doctor” (Gunning, 965).

¹⁷ The moral imperative posed by the good of the majority surpasses whatever readerly attachment that might be reserved for the dead boy: “...it was not difficult,” Seacole narrates “with the help of silver arguments to convince him [her accomplice and assistant] that it would be for the general benefit and his own, if I could learn from this poor little thing the secret inner workings of our common foe” (Seacole 34). It is not clear which motive -- general benefit, his own benefit, fighting a “common foe”, or acquiring the “silver arguments”-- was effective in convincing her accomplice, but the sheer fact that nursing can accommodate such a variety of incentives is significant in deconstructing the seemingly homogenous nursing ideals.

¹⁸ Felicity Nussbaum, *Torrid Zones: Maternity, Sexuality, and Empire in Eighteenth-Century English Narratives*. Baltimore and London: Johns Hopkins UP, 1995.

¹⁹ Bridget Brereton, “Gendered Testimonies: Autobiographies, Diaries and Letters by Women as Sources for Caribbean History.” *Feminist Review*. 59(Summer 1998): 143-164; Patricia Mohammed, “‘But Most of All mi Love Me Browning’: The Emergence in Eighteenth and Nineteenth-Century Jamaica of the Mulatto Woman as the Desired.” *Feminist Review Reconstructing Femininities: Colonial Intersections of Race, Gender, Religion, and Class*. 65 (Summer, 2000): 22-48; Paulette Kerr, “Victims or Strategists?: Female lodging-house keepers in Jamaica.” *Engendering History: Caribbean Women in Historical Perspective*. Verene Shepherd et. al. eds. Kingston: Ian Randle Publishers, 1995.

²⁰ Far away from claiming modesty, Seacole enjoys the attention she receives on the streets of Constantinople. “I accepted it all as a compliment to a stout female tourist, neatly dressed in a red or yellow dress, a plain shawl of some other colour, and a simple straw hat wide-awake, with bright red streamers... while the Turkish women gathered around me, and jabbered about me, in the most flattering manner” (Seacole, 78-79). Not only is she a traveler to an exotic land in this passage, but she is also an exotic figure herself even in the already very cosmopolitan setting of Constantinople. Not surprisingly, Seacole expresses ease with her position as an outsider. Although other writers mention being invited to homes and examined by curious Turkish women too, these scenes often correspond to their Orientalist descriptions of “Eastern women.” Seacole on the other hand uses herself as the focalizer of her own travel narrative.

²¹ Lady Alicia Blackwood, *A Narrative of Personal Experiences and Impressions during my Sojourn in the East throughout the Crimean War*. London: Hachard-Picadilly, 1881. Edinburgh and London: Ballantyne Hanson and Co.: 262-263.

²² Throughout the war, Queen Victoria maintained an attitude, balanced between that of a mother and a political sovereign. Her affective response and the domestic nature of her gesture suggests that she meets Stanley not as the head of a state in war but as a woman.

²³ Sister Mary Joseph Croke, "Diary of Sister Mary Joseph Croke, October 1854 to May 1856". in *The Crimean Journals of the Sisters of Mercy, 1854-1856*, Maria Luddy ed. Dublin: Four Courts Press, 2004: 81.

Chapter 3

Wounded Masculinity and the Power of Sympathy in *Nicholas Nickleby* and *John Halifax, Gentleman*

Scholars of Victorian masculinity have identified numerous masculinity types and ideals as they endeavored to reconcile the disjuncture between the earlier dominant model of masculinity and emerging models. Herbert Sussman, James Eli Adams, and Christopher Lane offer cultural definitions of ideal manhood by examining its deviant or marginalized Others, such as overly domesticized, homosexual, disabled, working-class, and non-western men.¹ It is not only the deviants of normative masculinity that abound the Victorian texts, however. Physically suffering normative male figures are abundant in both fiction and poetry. From Romney's blindness in *Aurora Leigh* to Robert Moore's gunshot wound in *Shirley*, and from the glorified military defeat in "The Charge of the Light Brigade" to Rochester's blindness and disfiguration in *Jane Eyre*, physical pain and disability frequently bestow affective power of monumental stature to suffering male characters.

Representing male suffering poses certain challenges, as we saw in the Crimean War memoirs. While sentimental narratives of suffering are very powerful, the sympathy they evoke can threaten the sufferer with abjection. Constructing sentimental attachment to the sufferers while preserving their dignity and respectability can endanger narrative coherence. In this chapter, I turn to two male *Bildungsromane* that resolve this problem with the help of disabled male companions. I will explain how these male companions mediate the affective dynamics to the

benefit of the novels' heroes. I analyze literary representations of male physical suffering, in particular the affective power of wounded masculinity, in Charles Dickens' *Nicholas Nickleby* (1838-39) and Dinah Mulock Craik's *John Halifax, Gentleman* (1856). Both Nicholas and John are accompanied by disabled male friends, whose suffering functions as a metonymy for the socioeconomic disability of the heroes themselves. In addition to gaining respect by bravely bearing their plights, the protagonists also showcase their moral superiority and good character by acting as good nurses to their disabled friends. Furthermore, such male friendships of shared subordination and vulnerability provide alternative domestic relationships within which the protagonists can train themselves to become model household patriarchs.

These two novels represent two stages of nineteenth-century British masculinity. *Nicholas Nickleby* represents the emergent masculinity that carries residual effects of its feudal, aristocratic predecessors. *John Halifax, Gentleman* represents an established model of masculinity for by emphasizing industrialism and scientific progress.

The Victorians conceptualized ideal masculinity as an identity category that encompasses suffering and disability rather than working in opposition to states of vulnerability and limitation. The protagonists' suffering in these novels is not an obstacle to their achievement of normative masculinity, but an opportunity for them to develop the moral fortitude that will allow them to overcome their drawbacks and grow out of their youthful rashness. More importantly though, pitying them for not having the power that they are destined to have creates a very particular affective relationship between the reader and the male protagonist. Such spectacles of suffering

prompt readers to mourn for a lost or compromised originary patriarchal power. Rather than making a case for the heroes' right to power, status, and respect, the novels evoke sentiments of pity, guilt, and loyalty to the gentlemen that the protagonists seem destined to become.

Marriage and establishing one's own household was often the prerequisite to achieving manhood. However, because the predominantly middle-class nineteenth-century culture privileged industriousness, work ethic, and self-help over aristocratic wealth and subsequent degeneracy, many male protagonists find themselves in the limbo of the orphan plot, in which they strive to reacquire a lost, usurped or otherwise thwarted gentleman status. In this limbo, the moral privilege of being able to show sympathy to an invalid or disabled male companion compensates the hero for his lack of experience, financial resources, and even a household of his own. The nurse-invalid dyads in both novels highlight the protagonists' politeness, refinement, and chivalry, which have come to denote manliness since the seventeenth century.

At the same time the concomitant abjection of the disabled or sickly bodies of the companions set the young hero apart from the object of readers' pity. The abject male companions cast the hero as a subject of sympathy. For example, Allan Woodcourt, the struggling physician in *Bleak House*, is unable to marry Esther Summerson and start his own conjugal kingdom, he is, nevertheless, able to maintain his position as the peripheral moral counterpart to Esther by sympathizing with Captain Hawdon (Nemo) and little pauper Jo. Both Hawdon, whose former glory is diminished to being literally and nominally nothing or nobody, and Jo, whose

potential to achieve ideal manhood is irreparably impeded by poverty, give Dr. Woodcourt the moral leverage to carry the title of a gentleman.

Masculinity is often constructed or represented as a relational identity. Instead of proving their manhood in relation to women, these characters claim hegemonic masculinity in relation to other male characters with subordinate or marginal masculinities. In this sense, the disabled companions prosthetize the heroes' wounded masculinity. Even though they are not capable of building and supporting their own household, they enable the hero to continue to function as an independent, competent supporter of his friends.

Literary examples of compromised masculinity are not merely symptomatic of cultural anxieties, but they are transformative as well. The middle-class values of self-help condemned aristocratic birthright to rank. Consequently, in many novels, protagonists prove their masculinity by manifesting emotional strength and moral integrity to push through hardship. Of course, cultural anxieties concerning the domesticization and feminization of British culture were an important source of these depictions of male suffering, but the representations themselves play a significant role in rearticulating dominant masculinity as the ability to overcome lack of power rather than possession of it.

Masculinity is often defined in opposition to femininity or feminization. In 1995, sociologist R. Connell made his famous intervention in this dichotomy by arguing that different models of masculinity exist in hierarchical relationships, within which ideal models of masculinity are established.² Instead of identifying different

models of masculinity, Connell pays attention to the relationships between main categories of masculinity.

To recognize diversity in masculinities is not enough. We must also recognize the *relations* between the different kinds of masculinity: relations of alliance, dominance and subordination. These relationships are constructed through practices that exclude and include, that intimidate, exploit, and so on. There is a gender politics within masculinity. (Connell, 37)

Connell identifies four categories of masculinity through which men's experiences get configured into a specific gender identity: "hegemonic," "complicit," "subordinate," and "marginalized" masculinities. "Hegemonic masculinity, he writes, "can be defined as the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women" (Connell, 77). In other words, hegemonic masculinity is not a list of attributes but a critical characteristic that legitimizes a given masculinity's access to power.

Hegemonic masculinity is not a fixed position. It excludes some men from the patriarchal power and places them in positions of subordinate or marginalized masculinities. For instance, when class is the legitimizing factor of hegemonic masculinity, men who can claim higher class position can claim male privilege as well. The subordinate masculinities abet the construction of hegemonic masculinity. In the Victorian period, masculine ideal consisted of economic independence from labor, self-help, emotional control, moral integrity, and often, capability to lead a

reproductive domestic life. Masculinity could be as dependent on marriage as femininity was. Subordinate and complicit masculinities support the hegemonic masculinity models.

In these novels, the melodramatic potential of disability allows the male companions to supply the affective power that legitimizes the heroes hegemonic masculinity. These companions allow the heroes to be benevolent, caring, household patriarchs until they amass the economic power that allows them to build their own homes and families.

Connell defines gender as the interpretation of individual corporeal and emotional experience through the existing identity categories. According to Connell, gender identity is a dynamic process of responding to and interacting with both the body and the social templates of gendered behavior. Smike's and Phineas's physical limitations do not feminize them but motivate them to fashion themselves in positions of subordinate masculinity. Their subordinate masculinity allows the novelists to dress the healthy, handsome bodies of the protagonists with the attributes of masculine ideals and construct hegemonic masculinity in relation to their sickly, disabled, dependent friends.

Using Connell's argument, I examine the function of these suffering male companions in constructions of dominant masculinity. Through heroic depictions of male suffering, writers construct a new model of masculinity that can remedy the rupture between aristocratic patriarchal power and the emergent bourgeois values. I will focus on the affective impact of spectacles of injury and disability and ask the question that has preoccupied numerous scholars of *Jane Eyre*: what does it mean to

pity and sympathize with sick, disabled, suffering men? Masculine suffering, especially in the form of physical pain, allowed the transformation of marginalized types of masculinity into complicit or hegemonic status. These narrative displays of injured or suffering males in fiction and poetry show that the affective power accrued by male suffering can offer a stronger claim to social authority than physical virility or socioeconomic power.

Instead of equating wounded masculinity with lack as James Eli Adams and Herbert Sussman do, I will argue that, in some cases, physical incapacitation constituted an endless source of entitlement to a patriarchal power that was often built on guilty loyalty to the compromised masculinity of the suffering male. While some writers manifest a cynical attitude by exposing the manipulative and tyrannical potential of all forms of power including affective power of the wounded male, others depict the affective dynamics built around the wounded male body as benevolent, humanistic examples of socialization, solidarity, and self-formation.

I start with a historical overview of British masculinity and the principal attributes that constituted the Victorian ideals of manhood. Then, I introduce the concept of “narrative prosthesis” from disability studies to discuss how the affective power of wounded or disabled male bodies enables the construction of dominant masculinity in the absence of socioeconomic power. Wounded masculinity, as I will argue, is an acknowledgement of the categorical gap between ideal masculinity and the diversity of male experience. Literary sentimentalism, threading through the scenes of male suffering, transforms this gap from a masculinity crisis into a source of affective capital and subsequently into social authority. The novels ensure for the

reader's loyalty to their protagonists not because they are powerful, competent, and benevolent father figures but precisely because they have been robbed of the chance of becoming such. The literal and metaphoric wounds endow male protagonists with moral and emotional superiority, which was a distinguishing mark of gentlemanliness.

Disability studies also offers a perspective that allows us to theorize the metonymic use of physical incapacity to represent socioeconomic inferiority. I analyze the development of masculinity in the male *Bildungsroman* by focusing on the role of male bonding between the protagonists and their physically disabled or incapacitated male companions. The very emotional bonds between the two physically and socially disabled characters in Diana Mulock Craik's *John Halifax, Gentleman*, which I analyze in detail, provide a nurturing space for the titular protagonist to achieve ideal manhood by caring for his invalid friend. Literal and metaphoric deployment of wounding, disability, and prosthesis pave the way to the possibility of a more capacious configuration of masculinity, defined by gentility, industry, and moral integrity.

Hegemonic Masculinity in Victorian England

Influenced by Connell's work, historians have charted the history of British masculinity by identifying the models of masculinity that were dominant in a given period. The image of ideal masculinity changed significantly between 1650 and the 1800s. Karen Harvey describes four phases of British masculinity during this period, which continued to influence gender norms long into the nineteenth century: the household patriarch, the libertine, the fop, and the polite gentleman.³ The household

patriarch's status is confirmed by his power over the sexuality of the women in his household and he is constantly threatened by cuckoldry. Both the libertine and the fop increasingly came to be associated with homosexuality and eventually, disappeared from the cultural lexicon. By 1800s the polite gentleman was firmly becoming the ideal of manhood. According to Michelle Cohen, the image of the gentleman as a hunting, drinking, and dueling aristocratic figure was starting to be replaced by politeness, culture, and finesse.⁴ Although politeness was always at the brink of collapsing into femininity, or being exposed as selfish hypocrisy, social etiquette continued to be an important marker of class and social status. Eighteenth-century gentlemanliness was also a homosocial phenomenon. Unlike the household patriarch, whose masculinity is shaped in relation to the opposite sex, the polite gentlemen performed their manliness in the company of other men by showing "self-government and equanimity" toward each other.⁵

While eighteenth-century normative masculinity was defined through codes of etiquette practices within homosocial relationships, the Victorians denounced politeness as affected mannerism and feminizing French influence. The influence of nineteenth-century nationalism and the ensuing revival of "chivalry" privileged archaic Briton values of plain, rough, bold manners over politeness and refinement. While chivalry undermined the earlier emphasis on social etiquette, Industrialism produced new values to take its place. According to John Tosh, Victorian masculinity was shaped by "the requirements of an urbanized, market-led, and increasingly industrialized society".⁶ Tosh identifies the three main attributes of hegemonic

masculinity as “a punishing work ethic, a compensating validation of the home, and a restraint on physical aggression” (Tosh, 331).

Historians like John Tosh and Martin Wiener argue that the noticeable decrease in the number of court cases involving physical violence shows that emotional restraint, at least in public, was also becoming a fundamental attribute of hegemonic masculinity.⁷ Evangelical influence, which valued spirituality and moral integrity, also contributed to the emphasis on emotional control. James Eli Adams attributes self-restraint to a combination of social and cultural reasons: “Self-discipline is of course a fabled Victorian attribute,” he writes, “whose extraordinary prominence in nineteenth-century culture historians have explained as a function of the conjoint rise of Evangelicalism and an increasingly pervasive market economy, as well as the Malthusian logics common to both arenas” (Adams, 4-5). The self-restraint had economic utility in a society that was transforming itself from a feudal one to a capitalist one. Self-restraint and self-discipline afforded the Victorian men symbolic capital in a society where the strict hierarchies of social rank were leaving their place to the social mobility and flexibility of a classed society.

The new model of hegemonic masculinity privileged self-help and industriousness over family heritage. Robin Gilmour and Michele Cohen show how the image of the middle-class gentleman developed as a reaction against aristocracy and the landed gentry.⁸ The nineteenth-century gentleman is generally distinguished by his independence both from manual labor and from the stagnation of the land-holding classes. While the Victorian gentleman was expected to be well-educated and

sociable in women's company, he was also expected to leave the domestic life, go out into the world to "make himself," and ultimately build his own household.

Gentlemanliness, beyond gentility by birth, meant having a professional occupation, a good education, financial independence from manual labor, good manners, and moral integrity. Although the gentleman was the widely accepted epitome of ideal masculinity in the nineteenth century, the definition of "gentleman" is rarely clear or stable because there is no common understanding about which one of these attributes really makes a gentleman. Gilmour draws attention to the ambiguity of the definition:

[T]he Victorians themselves struggled with the difficulty of arriving at a stable definition of gentleman, yet this uncertainty constituted the appeal of the concept.... Its appeal for them lay in its dignified and partially independent relationship to the aristocratic order and in its potential for moralization and modernization. They wanted to widen the basis of qualification to include themselves, without sacrificing the exclusiveness which gave the rank its social esteem. (Gilmour, 3-4)

The conflicts between social mobility and exclusiveness of the gentleman status intensified the ambivalence of its definition. In a period that was conscious of the rapidly changing socio-cultural conditions, this anxiety of not being able to embody the hegemonic model is not exclusive to underprivileged men. While ambivalence and instability allowed social mobility, on the downside, almost any man could be perceived as "disabled" in one form or another.

Hegemonic masculinity involved “becoming a gentleman” rather than being born as one. Consequently, literary texts often represent masculinity through a narrative of progress. Such narratives of progress, education, and maturity often create a teleology by emphasizing the fact that the male character is either a gentleman’s son or for some reason already possesses gentlemanly attributes. Thus, as young and poor heroes grow into maturity, they also heal the wounds of original patriarchal power. Not surprisingly, physical suffering and disability are prevalent literary tropes in depictions of masculinity. Although literary critics have traditionally focused on female physical suffering, male physical suffering is equally prominent and laden with social significance.

Making of the Gentleman and the Male *Bildungsroman*

This section discusses the metonymic use of male disability to represent the socio-economically disabled gentleman. The definition of “gentleman” is tied to a notion of masculinity that is comprised of corporeal virility, moral integrity, and socioeconomic status. Many fictional heroes, who find themselves deprived of the economic means to become gentlemen, take the alternative path of bonding with a male companion who is disabled, feminized, or otherwise impaired. In *Victorian Masculinities*, Herbert Sussman identifies the monk as the ideal of manliness because of the homosocial life of the monastery and the monks’ refusal to partake in the productive and reproductive life⁹. According to Herbert Sussman, such “brotherhoods” as the Pre-Raphaelites were the ideal model of Victorian masculinity in that they provided a sanctuary from the world of domesticity and reproductive life

which threatened to usurp the virile energy of British men. Instead of an escape from the domestic life as Sussman argues, I interpret these homosocial bonds as a substitute for the marriage and family, which the male characters strive to attain in order to become the patriarchs of their own households.

In *Dandies and Desert Saints* James Eli Adams locates constructions of masculinity in intellectual and artistic labor as well.¹⁰ He draws attention to “the various ways in which male writers represented intellectual vocations as affirmations of masculine identity,” and argues that writers like Thomas Carlyle, Alfred Tennyson, Thomas Arnold, Charles Dickens, Charles Kingsley, Walter Pater and Oscar Wilde appeal to certain models of masculinity in their writings such as the gentleman, the prophet, the dandy, the priest, and the soldier (Adams, 2). Even though expectations of self-restraint, self-denial, and “anti-self-consciousness” from the Victorian men seem to be contrary to the spectacle of the self that makes up the dandy, Adams argues that the writer, the priest and the gentleman all have something in common with the dandy, in that their masculinity relies on creating spectacles of themselves.

In novels like *Nicholas Nickleby* and *John Halifax, Gentleman* the heroes’ success depends on their ability to showcase their admirable qualities to the people around them. Their success as characters who can engage the reader in affective structures is also contingent on their ability to present spectacles of suffering, which the disabled companions facilitate. Their authors displace readers’ sympathy for the socioeconomically wounded heroes onto their physically disabled male companions, thus saving the protagonists from the infantilizing, feminizing, and otherwise diminutive effects of sympathy. While the disabled or sickly companions serve as

metonymic objects of sympathy for the penniless orphans, the healthy and able-bodied protagonists rise to positions of hegemonic masculinity, to which, as the narratives constantly remind us, they have an originary entitlement.

Spectacles of suffering, male solidarity, and affective capital converge in disability as a literary trope.¹¹ In *Fictions of Affliction: Physical Disability in Victorian Culture*, Martha Stoddard Holmes argues that disability is usually unquestioningly connected with emotion mainly because of our failure to mentally grasp it:

While disabled people are always the origin of emotion in Victorian nonliterary writing, they do not precisely contain it, but exist in a complicated interpersonal dynamic with emotions generated by impairment. While blind or deaf people are frequently drawn as isolated from “normal” people through their sensory impairments and the emotional pain blindness or deafness generates, many texts also posit an emotional exchange system in which currents of feeling, stimulated by the presence of a corporeally “different” body, connect people who are not disabled and people who are; disability is thus as relational a category as emotion itself. (Stoddard Holmes, 2)

The alterity of the disabled body made it suitable for melodramatic representations on the Victorian stage because stock emotions triggered by the generic conventions of melodrama and melodramatic representations, such as weeping for the victim and hissing at the villain, allowed the viewers to eschew deeper cognitive engagement with the disabled body. Emotional language surrounding disability was not confined

to theatrical representations. Even medical writings on disability were imbued with excessive sentiment. The prevalent association of disability with excess emotions in such disparate texts allows Stoddard Holmes to expand the term melodrama to mean “more broadly the habitual association, in literary and other texts, between physical disability and emotional excess” (Stoddard Holmes, 17).

David Wills has argued that the physical body eludes language, and therefore, all representations of the body are destined to be prosthetic supplements to it.¹² Following this claim, David T. Mitchell and Sharon L. Snyder argue that ability is always a state that is another prosthetic narrative of identity. Disabled bodies share the same need with able bodies to be prosthetized.

In a literal sense a prosthesis seeks to accomplish an illusion. A body deemed lacking, unfunctional, or inappropriately functional needs compensations and prosthesis helps to effect this end. Yet the prosthetizing of a body or a rhetorical figure carries with it ideological assumptions of what is aberrant. The judgment that a mechanism is faulty is always already profoundly social. The need to restore a disabled body to some semblance of an originary wholeness is the key to a false recognition: that disabilities extract one from a social norm or average of bodies and their corresponding (social) expectations. To prostheticize, in this sense, is to institute a notion of the body within a regime of tolerable deviance. If disability falls too far away from an acceptable norm, a prosthetic intervention seeks to accomplish an erasure of difference all together; yet, failing that, as is always the case

with prosthesis, the minimal goal is to return one to an acceptable degree of difference. (Mitchell and Snyder, 6-7)

A similar rhetorical use of bodies and somatic experiences can be applied to fictional representations of wounded masculinity. Various physical, psychological, social wounds do not only function as anxiety-inducing threats to the existing masculinity of characters, but they also valorize its “originary wholeness.” Spectacles of male suffering reaffirm the sufferers’ patriarchal entitlement to power by positing the suffering as an urgent problem to be remedied and the wounded masculinity as a state that should be “prosthetized.” Sympathy for the wounded masculinities presupposes the need to restore them to the imagined “originary wholeness.” Literal and figurative wounds allow masculinity to accrue affective power based on feelings of guilty loyalty to the patriarchal figure in question. Sympathy for male suffering becomes the crutches for these wounded masculinities.

Nicholas Nickleby: Maturation of the Victorian Gentleman

Charles Dickens’ 1838 novel *Nicholas Nickleby* is a tale of the purging of British hegemonic masculinity of the residual traits of its preindustrial predecessors¹³. The novel chronicles the titular hero’s struggle against his evil uncle, who, after his brother’s death, sends his nephew Nicholas and niece Kate away to work as schoolmaster and seamstress for exploitative bosses and tries to use Kate as sexual bait for a group of aristocratic bullies. Nicholas returns to London to save himself from the degrading misery of the boarding school called Dotheboys Hall. With the help of his uncle’s enslaved clerk Newman Noggs and the charitable tradesmen the Cheeryble brothers, he fights against his uncle and saves a young woman who is

pushed into an arranged marriage by her egoist father. With his dashing looks, charming manners, youthful energy, and moral uprightness Nicholas is the ideal of British masculinity, upon which the well-being of several helpless women and the redemption of several decrepit men depend.

Newman Noggs and the debilitated orphan Smike, whom Nicholas saves from the boarding school, and have an important place in the novel as disabled male companions whose complicit masculinity enables Nicholas to claim hegemonic masculinity. Noggs and especially Smike generate sympathy for wounded masculinities, including that of the hero. By caring for them, Nicholas learns to suppress his volatile virility and becomes worthy of the title of gentleman. While his love interest and his loyalty to his family motivate the plot, for the majority of the novel, Nicholas is deprived of his family and the possibility of starting his own family. In the meantime, Smike and Noggs acts as the crutches to his wounded masculinity.

The masculinity that is outlined for Nicholas is a compromise between aristocratic bravado and the humiliating domestication of the household patriarch. Dickens immediately stifles any anticipation of chivalric romance in the first few chapters of the novel. In the carriage, which takes Nicholas to Mr. Squeers's school, the passengers tell two tales to pass the time. The second one of these tales not only establishes the realist tone of the novel, but it also determines the type of masculinity that Nicholas can expect to achieve—that is becoming a household patriarch whose virile energy has been domesticated into endearing helplessness. In response to a sentimental tale told by one of the passengers, a second passenger tells the story of

Baron von Koëldwethout, whose drinking and hunting ways are tamed into the domestic middle-class life by his wife. Eventually, the Baron becomes so tamed and mild that he does not even have the motivation to take his own life.

All I need say, just now, is that the Baroness Von Koëldwethout somehow or other acquired great control over the Baron Von Koëldwethout; and that by the time he was a fat hearty fellow of forty-eight or thereabouts, he had no feasting, no revelry, no hunting train, and no hunting—nothing in short that he liked, or used to have; and that, although he was as fierce as a lion, and as bold as brass, he was decidedly snubbed and put down, by his own lady, in his own castle of Grogzwig. (Dickens, 133)

The Baron's story is a romance that cleverly incorporates and caricaturizes details of middle-class domestic life. For instance, suffocated by the family life and driven to despair by debt, the Baron tries to kill himself. Before doing so he decides to enjoy himself by smoking, but he is stopped by his dozen children, whose screaming noise can be heard from the "nursery in an upstairs tower with iron bars outside the window, to prevent their tumbling out into the moat." Bewildered by the children's interruption, the Baron decides to enjoy his final hour in a vaulted room, so he orders a servant to bring him a flask of wine and to prepare a pipe. "One of the domestics, in a very kind manner, executed the baron's order in the course of half an hour or so" (Dickens, 135). After confronting a genius that appears in the vaulted room, the Baron decides to give up on this rash and dramatic decision, returns to his family life, and dies of old age. It seems like the Victorians do not want their men to

be fighting and carousing rakes any more. The charmingly parodic tone of this tale sets the standards of masculine behavior for young Nicholas, who progressively sheds off his violent, albeit youthful, indignation and turns into a mild-mannered family man.

The anti-aristocratic sentiment of the novel is revealed once more in a scene where Nicholas is recognized as a gentleman by complete strangers. When he arrives at Newman Noggs's house, he goes to Kenwigs family to look for his friend. Following a brief conversation, he leaves the room having made a very good impression on the Kenwigses and their friends.

“What a delightful young man!” cried Mrs Kenwigs.

“Uncommon gentlemanly, really,” said Mr Kenwigs. “Don't you think so, Mr Lillywick?”

“Yes,” said the collector, with a dubious shrug of his shoulders, “He is gentlemanly, very gentlemanly—in appearance.”

“I hope you don't see anything against him, uncle?” inquired Mrs Kenwigs.

“No, my dear,” replied the collector, “no. I trust he may not turn out—well—no matter—my love to you, my dear, and long life to the baby!”

(Dickens, 251)

The misidentification insinuates that the Kenwigses themselves are not knowledgeable about this elusive title and the sensibilities it entails. The tax collector Mr. Lillywick

expresses his doubts about presuming gentlemanliness of the young man without proof of family connections and wealth. Merely having manners makes one at best a fop at worst a disingenuous scoundrel. Although they are all impressed by Nicholas's good looks and pleasant manners, further discussion among the Kenwigses and their guests reveal that their concept of gentlemanliness is not very clearly separated from aristocratic masculinity either.

“Who, I don't mind saying,” observed Mr Lillyvick, as a great concession, “is a good-looking young man enough, with manners that I hope his character may be equal to.”

“He has a very nice face and style, really,” said Mrs Kenwigs.

“He certainly has,” added Miss Petowker. “There's something in his appearance quite—dear, dear, what's that word again?”

“What word?” inquired Mr Lillyvick.

“Why—dear me, how stupid I am,” replied Miss Petowker, hesitating.

“What do you call it, when Lords break off door-knockers and beat policemen, and play at coaches with other people's money, and all that sort of thing?”

“Aristocratic?” suggested the collector.

“Ah! aristocratic,” replied Miss Petowker; “something very aristocratic about him, isn't there?” (Dickens, 252)

Miss Pewtoker's disarmingly candid remark causes a suspicious silence among the men in the room. There is nothing romantic about aristocratic masculinity when it is described through the perspective of middle-class characters who would not be expected to valorize an aristocratic life style. The passage upholds industriousness and responsible behavior over bravado and adventure. Nicholas is not "a young man of high spirit," which the narrator tells us "only displays itself in a tendency to cultivate moustachios, and look fierce" (Dickens, 271). Nicholas's polished manners pay off however, and he is engaged as a tutor for the Kenwigs family soon this encounter.

Miss Pewtoker's confusion also corresponds to an ambivalence at this point in the narrative about the course that Nicholas will take in life. He has almost everything that would qualify him to be a gentleman, except for two fundamental credentials: economic independence and emotional restraint. He has a respectable family lineage, good education, excellent manners, moral integrity, youthful manly energy, and, as Miss Price and Miss Squeers do not fail to notice, perfect legs. Miss Squeers hears the first impressions of Nicholas from her maid who reports on "his beautiful dark eyes, and his sweet smile, and his straight legs—upon which last-named articles she laid particular stress". Such ignorant and superficial interpretations of Nicholas reveal an anxiety of mistaking good looks or manners for genuine gentlemanliness. Miss Pewtoker's confusion problematizes the other characters' tendency to hastily ascribe social meaning to Nicholas's young, healthy, and beautiful body. As good as he is, we know that Nicholas is bound to make many mistakes.

It is not only shallow people like the Miss Squeers and Miss Pewtoker whose eyes are attuned to superficial markers of gentlemanliness. The theater troupe

manager Mr. Crummles, immediately recognizes Nicholas's potential to showcase theatrical versions of outdated masculinities: "There's genteel comedy in your walk and manner, juvenile tragedy in your eye, and touch-and-go farce in your laugh" he tells Nicholas, who is at that point contemplating becoming a sailor, another literary convention of male maturation (Dickens, 359). Instead of the ill-advised option of enlisting as a sailor, Nicholas accepts Mr. Crummles's offer. He makes his debut as an actor and immediately becomes successful in acting a variety of roles ranging from the honest and valiant hero to farcical characters. In some of these roles, not only does he enthrall the audience, but he has a chance to fulfill his fantasies of possessing manly prowess, challenging villains to duels, speaking up against selfish parents, securing property that rightfully belongs to young ladies, and cleverly avoiding the attacks from his enemies.

The novel is ambivalent in its portrayal of theater and performance as a respectable path for the hero. The troupe becomes a genuinely loving family for Nicholas. His success both on and off stage allows him to regain his confidence and become independent. On the other hand, as healing and nourishing the imaginative world of the theater may be, it is a deceptive space of success and competence. Many fictional obstacles Nicholas is able to confront on stage correspond to some real-life challenges that he either does not attempt to resolve or decidedly fails to do so. For example, Nicholas cannot confront his own mother or Madeline's father for their selfishness. He does not obtain a definite victory over villainy after challenging Sir Mulberry to a duel. On the contrary, he has to run away.

Theater has the healing ability to transform social wounds into aesthetic forms. However, the novel's presentation of thespian life is skeptical of its power to reconstruct impaired and fractured identities. This suspicion is more poignantly expressed in the case of Smike, who is successful and appreciated in his role as the apothecary in "Romeo and Juliette" for exactly what chains him to abjection in real life, that is hunger and his inability to remember. Ironically, Nicholas teaches Smike how to perform hunger on stage as if he has not grown up in starvation. "As soon as he began to acquire words pretty freely, Nicholas showed him how he must come in with both hands spread out upon his stomach, and how he must occasionally rub it, in compliance with the established form by which people on the stage always denote that they want something to eat" (Dickens, 407). Smike becomes successful for the first time in his life because he can remember all his lines. This is his triumph over the major obstacle that confines him to a life of an outcast: his inability to remember his past. On the other hand, all this improvement on stage does not translate to Smike's life off stage. For Nicholas too, theater becomes a digression and distraction from his quest for authenticity. Until he has economic independence, he can not become a real gentleman, but can only be mistaken for one.

Nicholas literally performs various masculinities, but the experience only adds to his bravado, instead of teaching him earnest self-denial and the fortitude to bear blows. This is most evident in his interaction with Mr. Lenville, who asks his permission to slightly injure him on stage in order to draw the attention of the audience. Nicholas threatens to cut his nose off if he dares to carry out this plan. As appealing as theater life may be, the actors exist as long as they are visible to their

audience. The aging actors' undignified struggle to maintain fame is a forewarning of the end that awaits Nicholas if he is to follow this career.

His altercation with Mr. Lenville is reminiscent of instances that reveal Nicholas's proclivity to violence, which is another attribute that he has to eradicate in order to become a real gentleman. Nicholas's good looks are insisted on frequently in the beginning of the novel, establishing his place as the protagonist, but his violent temper conflicts with his perceived identity. Nicholas severely beats Mr. Squeers, lashes Sir Mulberry's cheek open, and threatens to attack Ralph Nickleby. It is true that he does not resort to violence unless he is forced to defend himself or his loved ones against an attack. Yet, his potential for violence implies that there might be some truth to Miss Pewtoker's accidental association of Nicholas's vivacious virility with the degenerate "hunting, gambling, and duelling" aristocratic masculinity. The moral integrity that Nicholas inherently possesses has to be strengthened by cultivating emotional restraint and curbing his appetite for violence, even if this is possible at the risk of turning him into a weak household patriarch like Baron von Grogzwig. The thespian life in this sense is dangerous for the fledgling gentleman. Fortunately, Nicholas has the opportunity to perform the part of a young man in its many incarnations, only until his familial responsibilities oblige him to return to the "real world" and embark on his journey toward work, domestic life, and emotional control.

Interestingly however, all the examples of domestic married life in the novel are very unappealing. Although there are many good indications that Nicholas is on his way to becoming a complete gentleman, the ultimate step that will make him the patriarch of his own household, that is, marriage, does not appear as an attractive

option in the beginning of the novel. All the married couples in the novel, including the Nicklebys themselves, are grotesque or ridiculous caricatures of domesticity and matrimony. Young Nickleby finds himself in a world of adults who are snugly complacent in their selfish lives and unabashed enjoyment of each other. The Squeerses, the Mantalins, the Kenwigses plant affectionate kisses on each others' cheeks and act as perfectly harmonious conjugal units, oblivious or indifferent to the misery of everyone around them. Moreover, these couples continue a parasitic existence at the expense of young people like the pupils at the Squeers's boarding school or the dress-makers employed by the Mantalins.

Our hero finds himself in a peculiar emotional and social vacuum at several points in the novel. When he confronts Ralph, he ends up having to promise him that he will return to Dotheboys Hall, which means that he will not be able to see and try to protect his mother and sister. Although he stays in London, he does not get in touch with them so that his uncle continues to support them. Cut off from his own family and left with no guidance or support from the members of the older generation, who seem to be too preoccupied with their own survival to give a hand to the young man, Nicholas becomes increasingly dependent on his male bonding with an equally helpless man, Smike. The affective void, left by the novels' suspended maturation and marriage plots, is filled by Smike and, later, by Newman Noggs, who both act as substitute domestic companions for Nicholas.

The lack of a nurturing domestic space is doubled by the lack of role models for the hero, except for the Cheeryble brothers, whose cherubic nature makes them heavenly creatures rather than examples of reproductive manhood. Nicholas emerges

from among the different kinds of subordinate masculinity represented by such flawed male characters such as the corrupt politician Mr. Gregsbury, the egotistic schoolmaster Mr. Squeers, the bullying aristocrat Sir Mulberry Hawk, the parasitic invalid father Mr. Bray, the recovering alcoholic Newman Noggs, and, of course, Smike. Among all these men of subordinate or marginal masculinities, two characters with evident physical disabilities play a special role. These men are Smike and Newman Noggs, who are the bearers of complicit masculinity in the novel.

Unlike the villains of the novel, Smike and Noggs's function in more complex ways than merely serving as foils to the hero's promising youth, strength, and moral superiority. They act as visceral metaphors of the wounded, marginalized, morally or physically abject masculinity that threatens to engulf Nicholas in the beginning of the novel. They embody the disastrous possibilities that threaten the hero. Smike represents the arrested development of British manhood and follows Nicholas like a shadow, reminding the reader of what the hero could have become, if he had been doomed to poverty. Similarly, Noggs's constant limp and tortured soul reminds us of what would happen, if Nicholas had taken a path leading to moral degeneration, such as accepting the offer to become the secretary to a corrupt politician.

Smike and Noggs are the only characters who engage in physical nursing with Nicholas. Nicholas takes care of Smike all through their adventures and Smike's death. Noggs nurses Nicholas's wounds twice in the novel: once after his return from Dothesboys Hall to London, and later, after his duel with Sir Mulberry Hawk. As disabled characters, both become objects of sympathy for Nicholas, who can heal his own abjection by caring for his friends. Smike and Noggs's deformed bodies represent

the abjection of economic and moral poverty. The structure of sympathy they build among each other transforms Smike and Noggs from marginality into complicit masculinity. Sympathy for the sick and disabled men constitutes Nicholas's education into hegemonic masculinity. In this case, sympathy heals the social wounds of the healer even more so than those of the sufferers.

Smike is central to the affective dynamics of the novel. He is the secret of Ralph's moral corruption and power; he keeps the hero aloft. By falling in love with Nicholas's sister Kate, he stands for the inconsumable incestuous desire in the family. He guides and motivates the structures of sympathy that validate Nicholas's masculinity. Mr. Squeers and Hawk are severely injured by Nicholas. Mr. Squeers lies on his kitchen table wrapped in brown paper bags and vinegar to heal the bruises covering his body. Sir Hawk suffers from cuts and broken bones in his bed. These images of physical suffering never evoke sympathy, mostly because the sufferers here are despicably evil but also because Smike is always present as the true, deserving object of readerly sympathy. Even his suffering oscillates between grotesque and melodramatic images. Not only does Smike metonymically represent Nicholas's abjection, but he also protects Nicholas from an identity crisis by containing the abjection.

Nicholas meets Smike when he first encounters stark and degrading poverty in the beginning of the novel. Throughout the novel, escaping from poverty motivates the affective energies of the reader. After his father's death, Nicholas is sent to a boarding school for boys to work as a schoolmaster and earn his living. The school turns out to be a money-making scam, where unwanted children are sent to be

maintained at a low cost. Poverty and, in Dickens's words, "cruelty and neglect" are represented by traumatizing visceral images of the students. The pupils stand before their new schoolmaster in a swarm of irremediably deteriorated bodies:

But the pupils—the young noblemen! How the last faint traces of hope, the remotest glimmering of any good to be derived from his efforts in this den, faded from the mind of Nicholas as he looked in dismay around! Pale and haggard faces, lank and bony figures, children with the countenances of old men, deformities with irons upon their limbs, boys of stunted growth, and others whose long meagre legs would hardly bear their stooping bodies, all crowded on the view together; there were the bleared eye, the hare-lip, the crooked foot, and every ugliness or distortion that told of unnatural aversion conceived by parents for their offspring, or of young lives which, from the earliest dawn of infancy, had been one horrible endurance of cruelty and neglect. (Dickens, 151)

In typical Victorian fashion, the narrator interprets the boys' physical degradation as the cause of their future moral depravity. Their bodies also register Squeers' immorality and corruption of the society. "Haggard faces," "lank and bony figures," "deformities," "stunted growth," "ugliness and distortion" all create a grotesque picture of wasted potential. These deformed and disabled children evoke no pity however, because their role is to represent the inescapable poverty that threatens Nicholas. The narrator even gestures at the humorous potential of the scene to lighten up the tone: "And yet this scene, painful as it was, had its grotesque features, which,

in a less interested observer than Nicholas, might have provoked a smile” (Dickens, 152). Yet the pupils fail to become objects of sympathy because they are a metonymy of the abjection that comes with poverty.

Abjection of intense suffering, as we have seen in the Crimean memoirs, invites repulsion and inhibits sympathy. When the pupils are described again, they seem to have lost their humanity altogether. Chapter 13 opens with a description of the pupils sleeping at the dorm, fused into a mass of body parts that are indistinguishable from one another. Nicholas looks around the room for Smike, allowing the narrator’s gaze to be aligned with his own and to direct the reader’s gaze over the scene:

It needed a quick eye to detect, from among the huddled mass of sleepers, the form of any given individual. As they lay closely packed together, covered, for warmth’s sake, with their patched and ragged clothes, little could be distinguished but the sharp outlines of pale faces, over which the sombre light shed the same dull heavy colour; with, here and there, a gaunt arm thrust forth: its thinness hidden by no covering, but fully exposed to view, in all its shrunken ugliness.

(Dickens, 212)

This amorphous mass of distorted limbs surrounds Nicholas like a sea of hunger, pain, and deformity. The ragged clothes and scanty bedclothes reveal the bodies, while the narrative reveals the traumatizing truth of the neglect and starvation of boarding school pupils. The “dull and heavy colour” on the boys’ faces makes the scene look more like a mass grave than a dorm room full of sleeping children. The initial

abjection of the boys dissolves as the narrator starts to describe individual boys among the “huddled mass”:

There were some who, lying on their backs with upturned faces and clenched hands, just visible in the leaden light, bore more the aspect of dead bodies than of living creatures; and there were others coiled up into strange and fantastic postures, such as might have been taken for the uneasy efforts of pain to gain some temporary relief, rather than the freaks of slumber. (Dickens, 212)

The model Nightingale nurse Sister Anne overcame her repulsion and fear of her cholera patient’s abjection by reminding herself that “what he had to bear I could look on.” Looking upon this scene of suffering, however, does not ensure sympathy. Even when individual boys become discernible in the dark, their sleeping bodies present a freakshow of “strange and fantatic postures,” “upturned faces and clenched hands.” Detailed description only intensifies the abjection of the boys’ suffering bodies.

This passage also complicates Thomas Laqueur’s claim that the “medical realism” of the nineteenth-century reformist writing unswervingly creates sympathy and desire for action.¹⁴ Without any guiding sentimental discourse, literary realism is insufficient in generating sympathy. Unlike Tiny Tim, whose crippled body is supported not only by his little crutches but also by Christian charity and pathos, the boys’ deformed bodies are far from providing pitiful images of suffering children because their function is to create a grotesque image of marginal masculinity. The scenes where they are force-fed “medication” by Mrs. Squeers and where they receive letters from home add pathos to the pupils’ conditions but the descriptions of their

physical appearance and conditions fails to produce sympathy. As the ironic exclamation “the pupils—the young noblemen!” denotes, they represent a wasteland of British masculinity, rotting in the grasp of corruption and cruelty. Sadly, the alienating freakshow of starved and disfigured children reminds the reader that Nicholas’s existence as a young gentleman is contingent on separating himself from them.

Smike transforms the abjection of the poverty-stricken and deformed illegitimate and/or orphan body into an object of sympathy. The narrative highlights the arrested development of manhood even more emphatically in introducing him. Once again, the aligned gazes of the narrator and the protagonist wander over Smike’s body and clothes until Smike’s emotional suffering becomes too much to bear for Nicholas:

It induced him [Nicholas] to consider the boy more attentively, and he was surprised to observe the extraordinary mixture of garments which formed his dress. Although he could not have been less than eighteen or nineteen years old, and was tall for that age, he wore a skeleton suit, such as is usually put upon very little boys, and which, though most absurdly short in the arms and legs, was quite wide enough for his attenuated frame. In order that the lower part of his legs might be in perfect keeping with this singular dress, he had a very large pair of boots, originally made for tops, which might have been once worn by some stout farmer, but were now too patched and tattered for a beggar. Heaven knows how long he had been there, but he still wore the same

linen which he had first taken down; for, round his neck, was a tattered child's frill, only half concealed by a coarse, man's neckerchief. He was lame; and as he feigned to be busy in arranging the table, glanced at the letters with a look so keen, and yet so dispirited and hopeless, that Nicholas could hardly bear to watch him. (Dickens, 143)

Unbefitting clothes, rather than physical deformity, constitute Smike's destitution, except for his limp and mental debilitation. He is tall for his age, and the description repeatedly evokes the proper adult clothes that Smike's body seems to demand. In *The Cut of His Coat: Men, Dress, and Consumer Culture in Britain, 1860-1914*, Brent Shannon argues that, despite a "Great Masculine Renunciation" of interest in clothing and fashion in order to gain socioeconomic respect and relegate fashion into the domestic and feminine sphere of consumption, men continued to perform gender and class through fashion.¹⁵ In other words, clothes did make the man: "By the end of the century, London had defined for the Western world the masculine ideal of the 'gentleman,' an image that symbolized English aristocratic and imperial might... Britain's sartorial dominance was one reflection of its overall economic prosperity during the Victorian age" (Shannon, 3). Smike's lack of proper clothing retrospectively gives meaning to the grotesque, abject bodily deformity of the other boys. Although the novel is published in 1839, before the imperial as well as sartorial dominance of England, Smike and the boys' deprivation is poignantly juxtaposed to the overall wealth of the country.

The absurdity of Smike's appearance is due to his clothes' inability to signify his proper age and class. He is wearing children's clothes when he clearly needs a

grown man's clothes. However, his adult clothes, such as the farmer's boots and the coarse neckerchief, do not fit his body either. Smike is neither a child nor an adult. Moreover, he is neither a gentleman nor a farm hand. Under the surface of the disabled, pitiful character, who is a burden, a duty for the hero, lies a wounded masculinity that is more momentous than Nicholas's. Smike is not just feeble-minded and awkwardly dressed, but also, and more importantly, frozen in a moment that determined the rest of his life. He is stuck in the moment he was cheated out of his family and inheritance, when he was brought to Dotheboys Hall and buried along with all the other illegitimate or unwanted children. Until the final resolution of his subplot, he remains a suppressed memory and the suppressed secret of someone's past. His "tattered child's frill, only half concealed by a coarse, man's neckerchief" signifies his dilemma. Even though he has grown in body, he remains as an abandoned child through his recurring nightmare of abandonment and his incapacitating innocence.

The novel's construction of ideal masculinity for its hero depends on the revelation of Smike's identity, which allows Nicholas to defeat his nemesis and achieve hegemonic masculinity. Smike is never healed but the revelation provides a narrative for the moment that traumatized and paralyzed his development into adulthood. But even before we find out the secret, however, Smike exists through what he does not have, what he could have had in terms of intellect, wealth, family, connections. In this sense, he is emblematic of the lost originary wholeness of hegemonic masculinity, the impairment of which drives the plot and our affective alignment with the hero's plight.

Playwrights recognized Smike's potential for melodrama as well. G. W. Simms' 1875 dramatic adaptation of the novel focuses on Smike's abduction by the Squeerses and ends with his death. In the final scene, Ralph Nickleby and Mr. Squeers produce Mr. Snawley as the false father of Smike. Noggs enters and reveals the secret. Ralph repents and asks for Smike's forgiveness. Smike, who is delirious by now, leaves his sofa, staggers center stage, and dies in Nicholas's arms.¹⁶

Smike and Noggs become a surrogate family and loving, supporting domestic partners in the absence of Nicholas's birth family or the hope of starting a family of his own. Smike's role as a domestic companion is especially evident in the scene in which Nicholas first makes a promise to Smike to take care of him. Nicholas and Smike "cleave" their hearts before they leave Dotheboys Hall together:

"Why do you kneel to me?" said Nicholas, hastily raising him.

"To go with you—anywhere—everywhere—to the world's end—to the churchyard grave," replied Smike, clinging to his hand. "Let me, oh do let me. You are my home—my kind friend—take me with you, pray."

(...)

"And you shall," cried Nicholas. "And the world shall deal by you as it does by me, till one or both of us shall quit it for a better. Come!"

(Dickens, 227)

This scene draws its language from marriage proposal rituals and wedding vows. By keeping his word to Smike, Nicholas proves his worth as a good husband.

Later on, this vow turns out to be a source of moral support for him in times of crushing weakness against his uncle. Nicholas confronts Ralph about his treatment of his sister. Ralph threatens to stop supporting his sister and mother unless Nicholas promises to never see them again. Unable to take on the responsibility of providing for his mother and sister, Nicholas gives his word. This scene is very trying for his masculinity, and he resorts to a relational model of gender identity. As he tries to negotiate with his uncle while preserving his dignity, he urges Kate to control her tears and not to succumb to their uncle's intimidation: "'Be a woman Kate,' he whispered, proudly, 'and do not make me one while *he* looks on'" (Dickens, 327). With absolutely no economic power, emotional control becomes their only means of leverage against their villainous uncle's oppression.

Nicholas comes home after this emotionally grueling scene, worn out by the alternating waves of grief over his forlorn isolation and the excitement of having stood up against his Goliath. Once he enters his home, however, his emotions take a different form. He throws himself on his bed like a conventional heroine—or a modern day teenage girl—and cries: "Nicholas at length reached his poor room, where, no longer borne up by the excitement which had hitherto sustained him, but depressed by the revulsion of feeling it left behind, he threw himself on the bed, and turning his face to the wall, gave free vent to the emotions he had so long stifled" (Dickens, 328-329). Although he can now control his emotional reactions, he is still not capable of managing excess emotion.

Nicholas is comforted by Smike, who is even more hopeless and, furthermore, dependent on him. Smike has kept the choicest bits of the meal for him and waited

patiently for his return. When Smike enters the scene, Nicholas takes on the role of a competent man again by hiding his own emotions and condescendingly humoring the incapacitated Smike: “‘Well, Smike,’ said Nicholas, as cheerfully as he could speak, ‘let me hear what new acquaintances you have made this morning, or what new wonder you have found out in the compass of this street and the next one’” (Dickens, 329). Nicholas tries to condescendingly humor Smike, but Smike brings sentimental intensity to the scene by telling him that he wanted to leave Nicholas that day, so as to stop being a further burden on him. Nicholas realizes that as a man he is as strong as his burdens, not as strong as the power he may possess. Smike surprises him (and us), however, by revealing more strength than Nicholas has given him credit for so far.

This scene completes the series of affective transitions that Nicholas undergoes in this chapter. As he confronts Ralph Nickleby in the previous scene, he adopts a conventional relational notion of gender. First, he is a valiant hero, whose masculinity depends on the femininity of Kate, the damsel in distress. Next, the domestic space of the home makes him hopelessly surrender to his emotions. And finally, he is restored to a masculinity defined within the homosocial context of his companionship with Smike. This is a relationship that is based on the solidarity of fellow-sufferers rather than a brotherhood that celebrates unfettered virile energy.

Nicholas vows his loyalty to Smike once more. Again, the language of male friendship draws from the language of wedding vows.

“The word which separates us,” said Nicholas, grasping him heartily by the shoulder, “shall never be said by me, for you are my only comfort and stay. I would not lose you now, Smike, for all the world

could give. The thought of you has upheld me through all I have endured today, and shall, through fifty times such trouble. Give me your hand. My heart is linked to yours. We will journey from this place together, before the week is out. What, if I am steeped in poverty? You lighten it, and we will be poor together.” (Dickens, 329)

By linking his heart and fate to Smike’s, Nicholas initiates a bond that is parallel to a marriage. In the absence of a foreseeable love interest, Smike will be the affective companion to Nicholas. Moreover, by mentioning poverty twice, he also points at the reason for his wounded masculinity.

Newman Noggs presents a subtler version of subordinate masculinity. Noggs often limps through scenes of struggle against Ralph, like a reminder of Nicholas’s powerlessness. He is completely disgraced as a result of his alcoholism, and Ralph Nickleby thrives on his clerk’s debasement. Noggs appears to be constantly suffering because of his moral degradation and economic dependence on Ralph. When he visits Miss La Creevy to ask for her help in protecting Kate and Mrs. Nickleby and in managing Nicholas’s ire, the connection between his moral paralysis and physical paralysis becomes more evident. Miss La Creevy does not recognize him at first:

“You have forgotten me,” said Newman, with an inclination of the head.

“I wonder at that. That nobody should remember me who knew me in the other days, is natural enough; but there are a few people who, seeing me once, forget me *now*.” He glanced, as he spoke, at *his shabby clothes and paralytic limb*, and slightly shook his head.

(Dickens, 483, emphasis mine)

Noggs has some moral agency in that he does not like Ralph's actions and tries to ameliorate their consequences. But he is not capable of confronting his boss neither can he stop working for him.

When Nicholas returns to London after beating up Mr. Squeers, his rash but heroic act reinvigorates Noggs. Nicholas arrives at Nogg's house after walking most of the way back to London. He is in a wretched state. Noggs is called from the Kenwigses' back to his place, "where, footsore and nearly shoeless, wet, dirty, jaded, and disfigured with every mark of fatiguing travel, sat Nicholas and Smike, at once the cause and partner of his toil: both perfectly worn out by their unwonted and protracted exertion" (Dickens, 239). After hearing what passed at the Dotheboys Hall, Newman makes an attempt at calling Nicholas back to sensible and cautious behavior, but he surrenders to the glory of Nicholas's heroic acts. First, he wants to chide Nicholas for his rash and naïve heroism, but then, he admires his moral integrity, which is refreshing for a man who has always been forced to submit to the cruelty and evil doings of Ralph Nickleby: "My dear young man, you mustn't give way to – this sort of thing will never do, you know – as to getting on in the world, if you take everybody's part that's ill-treated – Damn it, I am proud to hear of it; and would have done it myself!" (Dickens, 242). Noggs is too weak and weary to be a role model or guide to Nicholas on his way to maturity. Both his lack of agency for direct action and his admiration for Nicholas' chivalric masculinity place him in a position of subordinate masculinity. So, instead of educating Nicholas about controlling his anger, he just nurses his wounds: "Newman's first act was to compel Nicholas, with gentle force, to swallow half of the punch at a breath, nearly boiling as it was, and his

next was to pour the remainder down the throat of Smike” (Dickens, 239-240).

Although Noggs’s nursing is kind and healing, it is careless, inconsistent, and emotional. He is gentle with Nicholas but not with his more fragile friend Smike. He pours brandy down Smike’s throat. This difference suggests that Noggs admires Nicholas for his strength and ability more so than out of a sense of justice and righteousness.

Noggs’s weakness for Nicholas’s heroism and his obliviousness to his propensity for violence, leads Nicholas to get into more serious trouble. When Nicholas returns to London for the second time, Noggs makes arrangements so that it is not until midnight that Nicholas finds out what Ralph Nickleby has done in his absence. Noggs’s plan to buffer Nicholas’s indignation and protect him from acting rashly backfires when Nicholas accidentally runs into Mulberry Hawk and his friends, hears them talking about his sister, and gets into a fight with Hawk. By the time he arrives at Noggs’s house, he is bruised, bleeding, and he is in danger of being arrested. Nicholas’s physical injury facilitates the two men’s bonding. Once again, Noggs acts like an unskilled nurse. As he nurses Nicholas’s cuts and bruises, he listens to his account, but he lets his emotions take over and ends up hurting his “patient” instead of alleviating his pain:

His recital ended, Newman insisted upon his young friend’s stripping off his coat and allowing whatever injuries he had received to be properly tended. Nicholas, after some opposition, at length consented, and, while some pretty severe bruises on his arms and shoulders were being rubbed with oil and vinegar, and various other efficacious

remedies which Newman borrowed from the different lodgers, related in what manner they had been received. The recital made a strong impression on the warm imagination of Newman; for when Nicholas came to the violent part of the quarrel, he rubbed so hard, as to occasion him the most exquisite pain, which he would not have exhibited, however, for the world, it being perfectly clear that, for the moment, Newman was operating on Sir Mulberry Hawk, and had quite lost sight of his real patient. (Dickens, 501)

Nicholas is not the only one who has to learn how to control his emotions and restrain his passion. In this passage, Noggs exemplifies not only a man whose emotional development is flawed but also a bad nurse who is not in control of his own emotions. While he is supposed to use his imagination to sympathize with Nicholas's pain, his imaginative powers shift toward Hawk, lending a humorous tone to the scene.

This scene also marks the beginning of Newman's feminization vis-à-vis Nicholas. What marks Noggs's behavior with all the men around him is circumspection. Even though he is older, and more experienced, with access to more resources, Noggs tries to manage Nicholas's temper and virile energy in indirect ways, instead of openly confronting him. After Nicholas and Smike start living with him, both Noggs and Smike become domestic companions to the young hero, supplying him with love, support, and the other affective comforts of a home to which he can return at the end of his adventures in the world.

The three men bond through their individual shortcomings and an unspoken hierarchy they are happy to embrace. While Smike is physically and mentally

debilitated, Noggs's alcoholism has crippled his moral integrity and respectability. Nicholas, having no money and no connections, is completely dependent on his friends' assistance. Unlike the cases of Smike and Noggs, though, Nicholas's masculinity is recoverable. As the narrative's constant emphasis on his gentlemanlike manners implies, Nicholas is destined to achieve ideal manhood, with the help of Smike and Noggs, who function as moral, affective, and economic crutches for the young protagonist.

In addition to offering a nurturing domestic space, these characters create and then direct the sympathy of the reader toward the tragedies that the hero successfully avoids. Despite all the outbreaks of violence and threats of poverty and rape, from utterly despicable villains, *Nicholas Nickleby* is a lighthearted novel. He is delightfully naïve, proud, and rash. Meanwhile, Smike and Noggs sustain a parallel narrative of tragedy and sentiment, which supplies the affective capital of the hero.

John Halifax, Gentleman: Manufacturing Masculinity

Written almost two decades after *Nicholas Nickleby*, Dinah Mulock Craik's 1856 novel *John Halifax, Gentleman* chronicles the making of a mid-Victorian gentleman.¹⁷ The novel traces the social ascent of orphaned John Halifax through the narration of his invalid friend and benefactor, Phineas Fletcher. Due to his poor health, Phineas cannot take over his father's tanning business but he can inherit his social position. But he convinces his father to take John as an apprentice, and he becomes the loyal witness of John's growth into the son, the husband, and the captain of industry that he himself can never become. As a faithful male companion, Phineas bears witness to John's transformation from a homeless orphan into a gentleman and

the “patriarch” of both his community and his own household. In turn, John’s affective power depends on the sympathizing and reverent narrative of his invalid friend. The invalid-nurse relationship of the two boys allows them to act as literal and metaphorical crutches to each other. Much like Smike, Phineas generates and directs the affective energy of the text through his own physical suffering and his homoerotic attachment to his friend. By joining the male *Bildungsroman* with the invalid’s narrative, Craik constructs wounded masculinity as an inherent part of hegemonic masculinity.

The protagonist’s transformation between 1794-1834, in the novel’s scrupulous chronology, covers the central years of the Industrial Revolution and parallels the end of an agrarian society and the formation of a manufacturing middle-class.¹⁸ John Halifax’s growth and education into manhood manifestly uphold such burgeoning middle-class values as moral integrity, piety, earnest civility, self-reliance, a strong work ethic, and an appetite for scientific knowledge and progress. John rejects the legacy of his father, who was a gentleman, and starts climbing up the social ladder from the lowest possible social rank. His climb is facilitated by the fact that he was born into gentry, but his insistence on building his own name instead of inheriting it from his father transforms him into an embodiment of the middle-class self-help ethos. In an attempt to disentangle gender from class, Craik emphasizes John’s “natural” manliness through the adoring narrative voice of Phineas, yet she endows this manliness with British middle-class values and attributes such as Anglo-Saxon earnestness, emotional control, self-reliance, and Christian charity.

John Halifax, Gentleman combines the male *Bildungsroman* with the invalid narrative in a substantial way by its use of disability and prosthesis as literary tropes in its protagonist's growth into maturity and manhood. In this novel, it is lack and incapability that foster the narrative of progress and ensure the legitimization of the hero's power. While subordinate male characters such as SMIKE or Newman Noggs remain somewhat peripheral to the protagonist's education plot in *Nicholas Nickleby*, John's development into manhood and his transformation into a gentleman is completely dependent on Phineas, who is both his upper class benefactor and the invalid chronicler of his life. The peculiar combination of the two genres not only provides a space for male-bonding for the hero, but also foregrounds wounded masculinity as the origin and essence of a new model of hegemonic masculinity.

Prosthesis is a central trope in John and Phineas's companionship, which constitutes the narrative backbone of the novel. By prosthesis, I mean a substitution that is very close to or better than an absent original, whether this is a lost limb or social rank. On learning that he will never recover from his condition, Phineas initiates John's adoption plot by imagining him as a brother. Although he is deprived of his own inheritance, John is accepted into a marginalized and broken family, which will support him until he becomes independent. The emphasis on the healing and community-building powers of nursing highlights the novel's claim that, like prosthetic limbs, families and identities can also be manufactured to substitute identities that are hereditary and, thus, deemed natural.

Prosthesis extends beyond a metaphor for the protagonist, whose ultimate goal in life is to become a manufacturer. Writing on prosthesis in the nineteenth century,

Erin O'Connor argues that the development and marketing of artificial limbs promoted the idea that a injured body can be seen as intact as long as it was fully functioning.¹⁹ According to O'Connor, prosthetics created an industrialized and utilitarian notion of the self, which can imitate and even supersede nature. "Compensating a man by supplying him with copies of himself," she writes, "prosthesis contends that nature can be made through mechanization- in other words, that essence can be re-created through imitation, and that identity is something that can be attached" (O'Connor, 121). Although John is physically as healthy and strong as can be, his rise on the social ladder champions the fact that products of industrialism can supplant the biological body with embodied identities such as masculinity or gentility. As a literary trope, prosthesis makes it possible to imagine and construct the self in these utilitarian terms.

John's early attempts of self-assertion in society are crippling and painful, much like a phantom limb. As in *Nicholas Nickleby*, John makes himself into the ideal man in the absence of role models who can represent hegemonic masculinity. All the male characters around him suffer from some sort of inadequacy. Phineas is an invalid, and Abel Fletcher is ostracized because he is a Quaker. Ursula's cousin is perpetually inferior to his aristocratic wife. The first time Mr. March appears, he is on the brink of drowning and cons the villagers to obtain enough money to pay for the coach. The second time he appears, he is a dying old man. Gilmour notes that even though gentlemanliness was defined through moral integrity, emotional restraint, and spirituality, there was still a nuanced hierarchy between middle-class men. For example, trade conferred gentility only to the wealthy gentleman who was free from

office duties; professions gentrified the London physician but not the surgeon; Church afforded social authority to the clergymen but not to the Dissenters (Gilmour, 7). The only man who seems to be the perfect gentleman is John's deceased father, Guy Halifax, who haunts the narrative like a phantom limb. Although he is not present and has never been present in John's life, he motivates John's actions through the negative connection of absence and rejection that they maintain.

When Phineas meets John, he is hungry, homeless, illiterate, unemployed, and too dignified to beg. While he tries to suppress the pain of losing his family, John resorts to his independent spirit and will to work honestly for a living. He persistently repeats that he is a "nobody" and that he has "nobody." Underlying this repetition is the fact that in reality he is the son of a "gentleman," but, for reasons that are not clear, John refuses to be associated with his father. Later on in the novel, when Phineas suggests that perhaps he might be carrying some of the old Norman blood from his father, John gets indignant: "No—that would not matter—cannot—cannot—never shall. I am what God made me, and what, with His blessing, *I will make myself*" (Craik, 175, emphasis mine). He renounces his father's legacy and sets out to re-create himself, or "make himself," in his words, through education, scientific invention, and trade. John refuses the title of gentility that descends from his father and "makes" his own title through the tanning business, which he inherits from Phineas's father. What validates and legitimizes the position of power he eventually acquires is not his lineage but the readerly sympathy that the narrative produces for the dignified and honest orphan boy in the beginning of the novel. The novel upholds the adoption plot

over the inheritance and reunion of broken families. John, Phineas, Abel, and their rough-mannered housekeeper Jael become a family.

The adoption plot starts to transition into John's marriage plot when he admits that he has taken an interest in Ursula March. In contrast to this model, boyish friendship, scholarly appetite for history and literature, and the glories of epic battles are immature or outdated manifestations of masculinity, which the hero is expected to outgrow. Right after John and Phineas meet Ursula, they go to view the common from a hill. "Do you like this, Phineas? I do very much. A dear, smiling, English valley, holding many a little nest of an English home. Fancy being patriarch over such a region, having the whole valley in one's hand, to do good, or ill" (Craik, 141). John imagines introducing new technologies to the clothing mills. In this scene, as well several others, the novel offers the image of a married patriarch, ruling over his small town and introducing industrial and scientific innovations that increase the productivity and general welfare, as the ideal -in Connell's words hegemonic-masculinity.

This scene introduces the marriage plot into the education and growth plot of the hero. The conversation takes place in an old Roman battleground, which Phineas mentions several times, thus externalizing John's inner struggle and emphasizing the emotional intensity of the scene. These persistent references to ancient Roman battles are supposed to refer to either the struggle between Phineas and John, whose inseparable bond is about to be interrupted by the love interest, or between John's budding ambition to marry Ursula and his circumstances as a still quite poor tannery apprentice. At the end of the scene, John reminds himself that he might not ever have

the chance to become a mill owner. “After all, it isn’t the trade that signifies—it’s the man. I’m a tanner and a capital tanner I intend to be” (Craik, 142). Phineas is understanding and encouraging about John’s situation. Oddly, their conversation continues with “a discussion on camps and fosses, vellum and preatorium; the Danes, Saxons, and Normans, which, doubtless, we carried on to a most learned length” (Craik, 150). This strange pattern of alternating between the protagonist’s yearning for the domestic marriage plot and his boyish curiosity of manly battles and historic warfare presents competing parts of a developing masculinity.

A final component of gentlemanliness comes from John’s surrogate father, Abel Fletcher. Abel exercises considerable Evangelical influence on John’s development, which bars certain paths to hegemonic masculinity. Unlike Nicholas who dabbles in theater and learns the difference between acting the part of a romantic hero and being a real man, John’s budding interest in the world of theater is nipped in the bud. One day, John and Phineas save Mr. March, who will later become John’s father-in-law, from drowning in a river. Mr. March is an actor and invites the boys to go to the town to watch a play. Phineas and John go to the town, lose their money during the play, and return home very late. In the meantime, Abel Fletcher’s friend tells him that his son was seen at the theater. The boys return home to meet a father who is furious at their disobedience. Abel forces John to make a choice between his life as a laborer at a Quaker’s tannery and the possibilities of the life outside their isolated world. Loyal to his employer, John stays at the tannery. Then, he banishes John from Phineas’s company. “I have said it Phineas. I accuse him of no dishonesty, no crime, but of weakly yielding, and selfishly causing another yield, to the

temptation of the world” (Craik, 99). They part for two years, until John helps Abel during a flooding of the mill and gains his good grace again. This is one of the first trials of John’s character and evinces his loyalty. It also punishes his desire for adventure and reinforces the sober and earnest tone that the novel will sustain.

John learns how to restrain his passions and virile energy. Long after the theater and banishment incident, he confesses to Phineas that sometimes he gets the urge to leave the tanyard and pursue adventures that the world has to offer him. “[S]houldn’t I like to break way! dash out into the world, take to all sorts of wild freaks, do all sorts of grand things, and perhaps never come back to the tanning any more” (Craik, 82). John’s virile energy is checked by the Evangelical influence of Abel Fletcher, who offers an unusual moral standard to the young man at the beginning of his life: not yielding to temptations of the world. John learns how to control his energy and progress steadily, unlike Nicholas, who does run away and live a life of adventure.

John’s individual success also champions industrialism, scientific knowledge, and technological progress as opposed to the feudal blood-lineage system. The novel moves from corporeality toward socially constructed identities, with the help of the structures of sympathy that their invalid-nurse relationship creates. Invalid Phineas recreates himself as the brother and narrator of the hero. John’s rejection of his biological family is coupled with his struggle to rise above his confinement to corporeality which he experiences in the form of objectification as a manual laborer. As he establishes himself as a middle-class gentleman, the novel’s immediate preoccupation with sickness and corporeality leaves its place to less visceral issues

like economy and politics. Even the Fletchers' family physician, who tells Abel that his son will never recover from his ailment, reappears as a banker after John starts taking care of Abel's business transactions.

While acting as an adopted brother and a prosthetic self for the invalid Phineas, who increasingly recedes to the position of an observant narrator, John starts to be recognized as a gentleman in the industrializing town. He learns how to read and write, becomes a clerk, then a mill owner, invents machines in his free time, introduces steam in his mills, and takes an active role in politics as a part of his responsibility to his community. "[A] compendium of middle-class virtues," in Sally Mitchell's words, he "embodies the holy trinity of economic individualism: self-help, self-denial, and self-control" (Mitchell, 45). As Lynn Alexander notes, "Craik's novel reflects the shift from the eighteenth-century concept of gentleman by birth to the nineteenth-century one of gentleman by deed" (Alexander, 13). This shift is contingent on the novel's underlying themes of the manufacturing and manufactured self. Not only does John acquire the title of gentleman by becoming a mill-owner but also John and Phineas's interdependent relationship of the nurse and invalid allows them to reconstruct their own gender identities through the narrative of each other's progress. Phineas's complicit masculinity supports John's hegemonic one. Conversely, Phineas can legitimately claim the position of a domestic dependent despite being a man.

The seemingly straightforward narrative of progress is complicated by two major factors that shadow John's ascent. The first one of these is the teleology that is created and repeatedly reinforced by John's decision to reject his father's legacy and

then, strive to achieve the very same thing he rejected. It is implied that he rejects his father because of moral reasons, but he also refuses to announce that he is a gentleman's son. The second one is the fact that this narrative of progress depends on an invalid narrator. I will return to the effect of the invalid narrative later. First I would like to expand on the teleology.

Like Jane Eyre, John is never a child. His story is not one of radical moral and emotional transformation but rather a story of amassing social and economic power, in order to validate the self-worth that he already possesses. This narrative teleology necessitates sympathy for the hero, which is mediated through the invalidism plot. The affective dynamics of the impoverished prince plot condition the readers to grieve for the wounded masculinity of the hero and celebrate his coming to power.

The second chapter introduces the poignant ironies of John's situation and reinforces the concept of "gentleman by birth," which will continue to be in tension with John's insistence on being a "gentleman by deed." Although he is a scholar's son he is illiterate. Phineas discovers this, when John asks him to write his mother's name and date of death in his family Bible. This also occasions Phineas to find out that John's father was a gentleman.

This was news, though it did not much surprise me. My father, tanner as he was, and pertinaciously jealous of the dignity of trade, yet held strongly the common-sense doctrine of the advantages of good descent; at least, in degree. For since it is a law of nature, admitting only rare exceptions, that the qualities of the ancestors should be transmitted to the race—the fact seems patent enough, that even allowing equal

advantages, a gentleman's son has more chances of growing up a gentleman than the son of a working man. (Craik, 143)

Phineas's narrative seldom carries a tone of patronizing approval for John's progress. Often he is remorseful because his friend does not receive the recognition and respect that he deserves, or rejoices when he does. Phineas asks John if he would mind learning a trade since he descends from a higher class than tradesmen. John does not consider any work to be beneath himself: "What would it matter to me? My father was a gentleman" (Craik, 35-36).

The teleology renders wounded masculinity fundamental to the hegemonic masculinity model that is upheld by the novel. Despite making ennobling gestures toward the self-help ethos, the novel cannot completely abandon the notion of rank by birth-right and stop mourning for an originary patriarchal power. Consequently, John's circumstances and improvement become ways of healing the wounded masculinity, instead of building it from scratch. Manual labor or trade does not bind John to a working-class or mercantilist life but evinces his hard-working nature. His healthy body gains value beyond his capacity as a laborer and becomes a signifier of his good character. Even his adolescence is described as further evidence of his lineage: "Manhood had come to him, both in character and demeanor, not as it comes to most young lads, an eagerly desired and presumptuously asserted claim, but as a rightful inheritance, to be received as humbly, and worn simply naturally" (Craik, 78). With the help of Phineas's eroticizing descriptions, John's physical strength shows his potential to become a reproductive household patriarch, instead of signifying a crude and potentially dangerous working-class body.

The teleological structure of the protagonist's development necessitates sympathy for his suffering. Like Smike and Noggs, Phineas and his aging father Abel initiate and triangulate the structure of sympathy that the novel sets up for its hero. They buffer the protagonist against objectifying and denigrating effects of sympathy, while repositioning him as a subject of sympathy. Phineas constantly describes his own pitiful, almost abject condition.

I lifted myself, and began looking for my crutches. John found and put them into my hand, with a grave, pitiful look... John looked at me—surprised, troubled, compassionate—but he did not say a word. I hobbled past him; he following through the long passage to the garden door. There I paused—tired out. John Halifax took gentle hold of my shoulder. (Craik, 43)

This sentimental passage of bonding between the self-conscious invalid and his earnest and kind friend is repeated several times. Phineas hobbles on his crutches, crawls on his hands, cries after his friend to stay with him, faints from fatigue, falls in ditches, suffers through long bouts of illness and pain, and fears cold weather throughout the novel. Each time, John is there to offer his manly support and unintrusive sympathy. Despite his poor health, he actually outlives John and thus, is able to tell the story of the perfect Victorian gentleman. His invalidism makes Phineas a biased and selectively perceptive narrator, however. His episodes of illness and pain thread through the novel, maintaining the themes of disability, lack, and loss, which are the backbones of John's masculinity as well. Not only is Phineas the emblem of disability, incapacitation, and abjection but as a melodramatic figure, he is also more

susceptible to and expressive of sentiment. He also allows John to act as a competent subject of sympathy in moments of crisis in his life. No matter what John suffers, Phineas is always in a more pitiful state than him. In return, having experienced weakness and abjection himself, John is understanding and compassionate to his sickly friend.

Identity is often determined and expressed through corporeality in this novel. Illness mediates the formation of identities, social bonds, and families. When Phineas becomes twenty one years old for instance, it is the family physician and not the family solicitor who is present to tell Phineas that he cannot take over his father's business. All that is bequeathed to Phineas from his family is his mysterious condition, which prevents him from inheriting his father's business and gaining his independence. To compensate for this, Phineas uses his invalidism to build a new family for himself and for John.

Frequently in need of his crutches to walk, Phineas uses John Halifax as a prosthetic self. The novel moves speedily away from the two aborted inheritance plots toward an adoption plot, which is again motivated by episodes of illness and nursing. John and Phineas meet, when Phineas's father needs someone to push his son's wheelchair back to their house. John starts living with the Fletchers when he falls ill himself. Even John's marriage plot reaches its point of crisis with another episode of illness. And finally, after John's marriage, Phineas is subsumed into the Halifax household as an invalid brother.

Scenes of physical pain mark the critical points of John's maturation plot as well. John's rise from "nobody" to a "man" is marked by various intersections of

corporeality and socialized behavior, such as the imperative of sympathy for the sick, homoerotic friendships, and kinship through adoption. Illness, pain, and other references to states of confinement in corporeality are constantly used to signify transformations or dilemmas in the affective landscape of the novel. John's first appearance as a homeless boy displaces his family heritage. Thus, his inception as the protagonist becomes deeply rooted in the visceral imagery of hunger, the tannery and its stench, the aging and gouty surrogate father he finds in Abel Fletcher, and the invalid brother he finds in Phineas. Over and over, John proves his worth by acting as the perfect Nightingale nurse, to not only his invalid companion, but also to Phineas's aging father, his own blind daughter, and the hunger-stricken workers, whose rebellions he appeases several times in the novel.

Like Nicholas, who cleaves his heart with his friend's as he embarks on his journey, John's life becomes intertwined with his companion's, on Phineas's twenty-first birthday. While John Halifax constructs himself as a "gentleman" by taking Phineas's place in the business, the invalid narrator of his life becomes increasingly invisible in the plot. However, unlike Smike and Nogg, Phineas has a more proactive role in the construction of John's hegemonic masculinity because he is the narrator who creates and directs the readers' sympathies. In *Invalidism and Identity*, Maria Frawley argues that despite being a state of inertia and paralysis, invalidism signified activity and productivity, manifested through the significant amount of narratives and texts produced by and about invalids.²⁰ "[T]he invalid was not only an especially ambiguous type of medical figure but also a multivalent social actor," she writes, "one who played a 'sick role' scripted in various ways by society and inflected by other

dimensions of identity, chief among them gender, class, nationality, and religious belief" (Frawley, 4). Craik makes an interesting choice by writing a *Bildungsroman* about industrialism and social mobility through the eyes of an invalid, who is a figure of physical, social, and sexual stasis.

The dynamics of sickness and nursing allow this intricate intersubjectivity. Invalidism works in more complex ways than being a feminizing condition; it carves out spaces where Phineas and John can imagine and claim various social roles for themselves. As a result of his invalidism and need for care, Phineas creates himself as a platonic lover and a brother to John. The invalid narrator's self-consciousness of his own frailty leads him to provide numerous descriptions of John's tall, brawny, and healthy body. This firmly establishes John as the hero in the beginning of the novel, yet weakness, whether physical or social, is associated with a relentless sense of shame and humiliation in the novel. Phineas' narration allows him to construct an identity for John that depends on three crucial revisions to traditional ideas of self: a mobile sense of the boundaries of selfhood that allows Phineas to act for John, a capacious ideal of masculinity defined in part by nurturance, and a fluid class identity that allows John to move from homeless orphan to gentleman.

Phineas is a voyeuristic narrator, who can participate neither in the marriage plot nor the education plot and focalizes the narrative on John. Being an invalid, he projects his ambitions onto John, just like Craik herself, who, as Elaine Showalter argues, projected her own ambitions and ideas on her male protagonist.²¹ Referring to the association of invalids and unmarried women, Showalter argues that "While Phineas—crippled, gentle, domestic—clearly had the attributes of one kind of

Victorian woman, critics did not notice that Halifax was also a projection of a different kind of female experience, much closer to Craik's own" (Showalter, 17). As she was struggling to earn a living by her pen, Craik created a character who survives his socially and economically crippling condition. A similar kind of projection can be seen in Phineas, who lives vicariously through John's actions and experiences.

The physical intimacy of nursing abets the homoerotic potential of their relationship. Often too weak to walk, Phineas either walks with the help of his crutches or when at home drags himself on the ground. Outside the house, he is often carried by John. Sometimes, the emotional intensity of the scenes of nursing lends itself to homoerotic expressions. For instance, during a worker's riot, Phineas leaves his house on a cold and stormy night to go to the mill, where John is in danger of being attacked by a mob. They are reunited after having been separated for three years. "And I clung to his arm—my friend, whom I missed so long, so sorely. He held me tight—his heart felt as mine, only more silently" (Craik, 114-115). The renewal of their strong emotional bond is reminiscent of Nicholas and SMIKE who vow to remain together through poverty and hardship.

Lack of nurturing female figures in his life as well as his invalidism legitimize Phineas's preference of John's tender nursing over female affection. His preference also allows him to adopt the language of a lover, as exemplified in this passage where Phineas describes being tenderly carried in John's arms:

If I had been a woman, and the woman that he loved, he could not have been more tender over my weakness. The physical weakness—which, however humiliating to myself, and doubtless contemptible in most

men's eyes—was yet dealt by the hand of Heaven, and, as such,
regarded by John only with compassion. (Craik, 92)

The cultural assumption that Phineas is feminized because of his invalidism makes it possible to argue that Phineas's gaze has homoerotic undertones. His weakness and consequent feminization and possible homosexual desire contribute to Phineas's abjection. Weakness, whether it is physical or social is surrounded by an unrelenting sense of shame and humiliation in the novel. Phineas often describes his invalidism in self-loathing terms. John is often tormented by his broken pride. John's "compassion" for the invalid's physical weakness and their brotherly solidarity, which he claims is "doubtless contemptible" to other men, allows both to heal their own wounds. Phineas's eroticization validates John's manhood in the absence of a woman in his life.

In return, their brotherhood legitimizes homoerotic desire. In "Charles Dickens's Families of Choice: Elective Affinities, Sibling Substitution, and Homoerotic Desire," Holly Furneaux argues that in works of Dickens and his contemporaries, heterosexual bonds of family could accommodate same-sex desire through "in-lawing," which she claims was "one particularly rich strategy through which Charles Dickens and his contemporaries articulated the queer possibilities inherent within the putatively heterosexual family" (Furneaux, 156). According to Furneaux, same-sex desire of characters could be expressed through in-lawing and such homoerotic forces motivated heterosexual marriage plots, showing that "heterosexual bonds were not the only, or indeed the primary, erotic determinant of family formation in this period" (Furneaux, 163). In Phineas's descriptions of John's

sympathy, the homoerotic aspect of their friendship merges with the adoption plot. He often imagines himself in relationships of kinship with his friend, which blend into the erotic in the narrative.

The invalid-nurse relationship also allows Craik to modify definitions of ideal masculinity. Through Phineas's admiring perspective, John develops his masculinity with the help of his tender nursing. Through eroticized acts of nursing and care, Craik defines masculinity as a tenderness that stems from hidden inner strength rather than a display of social and economic power. "Well nursed and carefully guarded as I had always been," says Phineas,

It was the first time in my life I ever knew the meaning of that rare thing—tenderness. A quality different from kindness, affectionateness, or benevolence; a quality which can exist in strong, deep and undemonstrative natures, and therefore in its perfection is seldomer found in women than in men. John Halifax had it more than anyone, woman or man, that I ever knew. (Craik, 53)

Phineas narrates and imagines his friendship with John often in terms of familial relationships or through a discourse of imagined hetero-normative love. John's care and sympathy for the invalid allow him to fill the place of both lover and family for Phineas. As in this passage, Phineas often holds John's care and sympathy above that of any woman's, whether she is the mother that he never knew or a possible future love interest.

The homoerotic potential of John and Phineas's relationship becomes more evident when their friendship is briefly interrupted by a rather violent introduction of

the marriage plot. Soon after meeting the love of his life Ursula March, John learns that she is from an upper class family and that he has no hope of marrying here. That day, instead of sharing his trouble with Phineas, he stays away from the house until the evening. Phineas intensely feels the agony of being replaced by a new love object.

I spent a miserable day. I was afraid to go in search of him, lest he should return to a dreary, empty parlor. Better, when he did come in, that he should find a cheerful hearth and—me.

Me, his friend and brother, who had loved him these six years, better than anything else in the whole world. Yet what could I do now? Fate had taken the scepter out of my hands—I was utterly powerless; I could neither comfort, nor save him pain, any more.

What I felt then, in those long, still hours, many a one has felt likewise; many a parent over a child, many a sister over a brother, many a friend over a friend. A feeling natural and universal. Let those who suffer take it patiently, as the common lot; let those who win hold the former ties in tenderness and reverence, nor dare to flaunt the new bond cruelly in the face of old.

Having said this, which, being the truth, it struck me as right to say; I will no more allude to the subject. (Craik, 180)

Phineas hopelessly clings to his position as John's domestic partner as he waits for him at home, keeping the "cheery hearth" ready for his friend. When John finally returns, he is cheerful, too cheerful, as Phineas notices, and slightly hysterical. "It was enough to make one weep" says Phineas (Craik, 181). Mrs. Todd brings the news that

Ursula's relatives sent a carriage and arranged for her to live with them. The news comes as a heavy blow to John. He cannot hide his pain any more. First he sinks into his chair, then he goes out again to get air. This time, Phineas follows him to his habitual haunt but can't find him there. He falls into an old Roman fosse and calls out John's name with the fear that he might get lost in the prairie too. John returns and lifts up his friend from the hole.

His tenderness over me, even then, made me break down. I forgot my manhood, or else it slipped from me unawares. In the old Bible language, "I fell on his neck and wept."

Afterwards, I was not sorry for this, because I think my weakness gave him strength. I think, amidst the whirl of passion that racked him, it was good for him to feel that the one crowning cup of life is not inevitably life's sole sustenance; that it was something to have a friend and brother who loved him with a love—like Jonathan's—"passing the love of women." (Craik, 182)

Phineas does not try to manage and channel John's emotions in the state of crisis, the way John does with others. Instead, he claims the excessive emotion with the help of his overdeveloped capacity for sentiment and his role as the disabled facilitator of melodramatic strain of the novel. We witness John's emotional pain only briefly before he runs out, at which point Phineas intercepts his scene of passionate suffering, thus returning John back to calm composure and emotional control. In this scene, homosocial solidarity supports the hero, who finds himself in a crisis of identity. Furthermore, Phineas unhesitatingly lets his "manhood slip" and offers himself as a

subordinate so that John can regain his dominant masculinity by caring for his sickly and shamelessly emotional friend.

They talk more calmly about Ursula, later that evening. Phineas realizes that John has developed desire for the opposite sex and finally stepped into adult manhood. The shock and pain have been transformative for John as well. Phineas notes that “the sweet composure of his mien had settled into the harder gravity of manhood. The crisis and climax of youth had been gone through—he never could be a boy again” (Craik, 185). In the absence of hope, John renews his vow to Phineas. He reassures his loyal companion that he will not love him any less because he has fallen in love with a woman: “He spoke earnestly, with a full heart. We clasped hands warmly and silently. Thus was healed my last lingering pain—I was thenceforward entirely satisfied... that whatever new ties might gather round each, our two hearts would cleave together until death” (Craik, 185). The parallel’s between this friendship and that of Smike and Nicholas is not a coincidence. Both male companions act as a substitute domestic partner because they cannot be sexual competition to the protagonists. By inhabiting the feminine subject position they sustain the affective core of the novel, which, in turn, sustains the main heroes’ integrity and preeminence.

John’s burdens make him stronger. His idealized manliness draws from the attributes of various cultural figures like the industrious, self-made gentleman and the captain of industry. Among these is the Nightingale nurse. John’s good qualities, which mark him as a true gentleman, are manifested in his nurse-invalid relationship with Phineas. John is a good nurse, unlike Jem Watkins, who temporarily replaces him as Phineas’ companion. Jem acts as a foil to John as an inferior nurse because he

talks too much, and he's not as sensitive as John, whose cheerful yet calm sympathy gives Phineas strength and joy of life.

Thus, after this first day, many days came and went before I again saw John Halifax—almost before I again thought of him. For it was one of my seasons of excessive pain; when I found it difficult to think of anything beyond those four grey-painted walls; where morning, noon, and night slipped wearily away, marked by no changes, save from daylight to candle-light, from candle-light to dawn.

Afterwards, as my pain abated, I began to be haunted by occasional memories of something pleasant that had crossed my dreary life; visions of a brave, bright young face, ready alike to battle with and enjoy the world. I could hear the voice that, speaking to me, was always tender with pity—yet not pity enough to wound: I could see the peculiar smile just creeping round his grave mouth—that irrepressible smile, indicating the atmosphere of thorough heart-cheerfulness, which ripens all the fruits of a noble nature, and without which the very noblest has about it something unwholesome, blank, and cold. (Craik, 50-51)

During their long walk back from the theater, for example, Phineas faints from exhaustion. When he regains his consciousness, he feels John's hand bathing his forehead and hears his stifled moan. "He said no more; but I fancied that under cover of the night he yielded to what his manhood might have been ashamed of—yet needed not—a few tears" (Craik, 97). Almost every time their friendship reaches an

emotionally intense or critical point, John nurses Phineas, channeling his excess emotion toward nursing. Effusive, uncontrolled emotion and panic at the face of severe physical suffering, in other words undisciplined, untrained nursing, is detrimental to ideal masculinity.

The intersection of two invalid plots motivates John's marriage plot. John and Phineas meet the dying Mr. March and his daughter Ursula at Enderly, where John and Phineas are taking a holiday for Phineas's health. Mr. March is a typical selfish invalid. Like Mr. Bray in *Nicholas Nickleby*, he leads a parasitic existence at the expense of his daughter. He is a decrepit patriarch, living on the possibly misremembered glory of his years as a governor in India. Phineas, naturally has a clear understanding of his character: "Poor man! the world of existence to him seemed to have melted lazily down to a mere nebula, of which the forlorn nucleus was—himself. What a life for any young creature—even his own daughter, to be bound to continually!" (Craik, 156). Ursula mentions that Phineas is an invalid too, but Mr. March does not show any interest. Accustomed to being the objects of sympathy, the two invalids show little interest or sympathy toward each other.

The novel's insistence on somber dignity precludes the adventurous plot developments that *Nicholas Nickleby* thrives on. Ursula and John's love is kindled in the idyllic seclusion of a small wood, where they first flirt with each other, and cemented in the grim and somber sickroom of Ursula's father. The doctor tells Ursula's landlady Mrs. Todd, John, and Phineas that Mr. March has a few hours left to live. They decide to wait at the cottage to be ready to help Ursula, who is not aware of

the impending death of her father. Phineas and John sit talking about the angel of death,

who even now stood at the door of our little habitation, making its various inmates feel as one family, in the presence of the great leveler of all things—Death.

Hour by hour of that long day, the rain fell down—pouring—pouring—shutting us up, as it were, from the world without, and obliterating every thought, save of what was happening under our one roof—that awful change which was taking place in the upper room, in the other half of the house, whence the moans descended, and whence Mrs. Todd came out from time to time, hurrying mournfully to inform ‘Mr. Halifax’ how things went on. (Craik, 168-169)

The selfish invalid’s sickroom remains outside the narrative. “...through the open doors, we heard faint moans that pierced the whole house, and too surely came from the sick-possibly, the dying man” (Craik, 168-169). John pities him but has no sympathy. He says that he is reaping what he sowed. Mr. March is decidedly abjected from both the narrative and the sympathy of the readers. In the mean time, John is able to tend to Ursula in her moment of intense grief.

After closing her father’s eyes, Ursula collapses on the floor. John carries her to the sofa. When she wakes up, she is still in shock. “We stood awed, watching that poor, pale face, on every line of which was written stunned, motionless, impassive

grief. For John—two minutes of such a gaze as this might in a man's heart do more work of years.

'She must be roused,' he said at last. 'She *must* cry. Mrs. Todd, take her upstairs. Let her look at her father'" (Craik, 171). On hearing the word "father" Ursula falls weeping on Mrs. Todd's neck. John immediately leaves. Once again, John displays good nursing skills by not only maintaining his composure but also skillfully managing excess affect. Earlier in the novel, he gains the respect and allegiance of the workers, whose hunger-driven rebellion he appeases with his calm manner. In this scene, he proves his ability to be a good husband by managing affective crises.

Innovating the *Bildungsroman* tradition, the title, *John Halifax, Gentleman*, embodies not only the titular character, but also his progress in the attached "Gentleman." John acquires his title like a prosthetic addition to his name as well as to the novel's title. Much like the claims made by the artificial limb advertisements that as long as the prosthetic part functioned well and looked natural, it was as good as the lost limb, the protagonist's acts of kindness and service repeat the novel's mantra that as long as his gentility is "useful" to society, it is as good as inherited gentility. The novel's residual attachment to an aristocratic model of lineage and birthright makes wounded masculinity central to the construction of its hero.

Notes:

¹ James Eli Adams, *Dandies and Desert Saints: Styles of Victorian Manhood*. Ithaca NY: Cornell UP, 1995; Herbert Sussman, *Victorian Masculinities: Manhood and Masculine Poetics in Early Victorian Literature and Art*. Cambridge UP, 1995; Christopher Lane, *Burdens of Intimacy: Psychoanalysis and Victorian Masculinity*. U. of Chicago Press, 1998; John Tosh, and Michael Roper, eds. *Manful Assertions: Masculinities in Britain since 1800*. New York: Routledge, 1991; Leonard Davidoff and Catherine Hall, eds. *Family Fortunes: Men and Women of the English Middle Class, 1780-1850*. 2nd ed. New York: Routledge, 2002.

² Robert W Connell, *Masculinities*. Cambridge: Polity Press, 1995.

³ Karen Harvey, "The History of Masculinity, circa 1650-1800" *Journal of British Studies*. 44.2 (April 2005): 296-311.

⁴ Michelle Cohen, "'Manners' Make the Man: Politeness, Chivalry, and the Construction of Masculinity, 1750-1830." *Journal of British Studies*. 44.2 (April 2005): 312-329

⁵ Alexandra Shepard, "From Anxious Patriarchs to Refined Gentlemen? Manhood in Britain, circa 1500-1700" *Journal of British Studies*. 44.2 (April 2005): 281-295.

⁶ John Tosh, "Masculinities in an Industrializing Society" Britain, 1800-1914." *Journal of British Studies*. 44.2 (April 2005): 330-342.

⁷ John Tosh, *A Man's Place: Masculinity and the Middle-Class Home in Victorian England*. 1999; Martin Wiener, *Men of Blood : Violence, Manliness and Criminal Justice in Victorian England*, New York: Cambridge University Press, 2004.

⁸ For cultural history and literary criticism on gentlemanliness see Robin Gilmour, *The Idea of the Gentleman in Victorian Period*. London: George Allen and Unwin, 1981 and Karen Volland Walters, *The Perfect Gentleman: Masculine Control in Victorian Men's Fiction, 1870-1901*. New York: Peter Lang, 1997.

⁹ Herbert Sussman, *Victorian Masculinities: Manhood and Masculine Poetics in Early Victorian Literature and Art*. New York: Cambridge UP, 1995.

¹⁰ James Eli Adams, *Dandies and Desert Saints: Styles of Victorian Manhood*. Ithaca NY: Cornell UP, 1995.

¹¹ For disability and masculinity in Victorian literature and culture see Martha Stoddard Holmes, *Fictions of Affliction: Physical Disability in Victorian Culture*. Ann Arbor: The University of Michigan Press, 2004 and Seth Koven, "Remembering and Dismemberment: Crippled Children, Wounded Soldiers and The Great War in Great Britain," *American Historical Review* (Oct. 1994).

¹² David Willis, *Prosthesis*. Stanford UP, 1995; Mitchell David T. and Sharon L. Snyder. *Narrative Prosthesis: Disability and the Dependencies of Discourse*. Ann Arbor: The University of Michigan Press, 2000.

¹³ Charles Dickens, *Nicholas Nickleby*. (1839). Michael Slater ed. New York: Penguin Books, 1978.

¹⁴ Thomas Laqueur, "Bodies, Details, and the Humanitarian Narrative" in *The New Cultural History*. Berkeley: University of California Press, 1989.

¹⁵ Brent Shannon, *The Cut of His Coat: Men, Dress, and Consumer Culture in Britain, 1860-1914*. Athens OH: Ohio UP, 2006.

¹⁶ The play was first performed at the Theater Royal, Brighton, 1875. Harry Simms, "Nicholas Nickleby; a Drama in Four Acts, from Charles Dickens's Great Work" in *Dick's Standard Plays*. London: John Dick, 313 Strand: 29.

¹⁷ Dinah Mulock Craik, *John Halifax, Gentleman*. Lynn Alexander ed. New York: Broadview Press, 2005.

¹⁸ Lynn Alexander, "Introduction." *John Halifax, Gentleman*. Lynn Alexander ed. New York: Broadview Press, 2005: 9.

¹⁹ Erin O'Connor, *Raw Materials: Producing Pathology in Victorian Culture*. Durham NC: Duke UP, 2000.

²⁰ Maria Frawley, *Invalidism and Identity in Nineteenth-Century Britain*. Chicago: Chicago UP, 2004.

²¹ Elaine Showalter, "Dinah Mulock Craik and the Tactics of Sentiment: A Case study in Victorian Female Authorship." *Feminist Studies*. Vol 2.2/3 (1975): 5-23.

Chapter 4

Hidden Sickrooms and Resistance to Sympathy

In the previous chapters, I showed how sympathy for physical suffering creates social bonds; offers humanizing, healing narratives of suffering; and reconstructs identities for marginalized or abjected subjects. In this chapter, I examine examples of resistance to sympathy on the level of character and narrative to complicate Miriam Bailin's argument that the sickroom is an ideal narrative space to resolve character or plot crises.¹ In the literary sickroom scenes I analyze, the writers refuse to offer healing narratives of illness that can remedy the abjection of the sufferers. In fact, while many literary texts use medical realism and spectacles of physical suffering to resolve characterological or thematic crises, there are also parallel scenes of illness, injury, and pain that persistently resist representation. In some novels the writers match successful sickroom scenes that enable affective bonding with examples of characters who refuse the sympathy of their family members. Mrs. Hale's mysterious disease in Elizabeth Gaskell's *North and South* and the indirectly narrated illness episodes in Charlotte Brontë's *Shirley* are such examples of resistance to representation and sympathy.

Miriam Bailin claimed the sickroom to be the optimal location of spectacles of suffering to generate sympathy, heal fractured subjectivities, and form communal bonds. If spectacles of suffering generate affect and sympathy, the sickroom with its isolation and unobstructed focus on the sufferers is the ideal space for creating sympathy. Bailin gives Caroline Helstone's illness in *Shirley* as an example of the

sickroom's power to forge social connections and reunite families. Similarly, the scene where Robert Moore suffers from a gunshot wound and the unskillful nursing of his family reconciles the reader with the unappealing mercantilism he displays and allows him to accrue the affective capital of hegemonic masculinity.

These scenes are shadowed by illness scenes in which the sufferer's subjectivity is so severely damaged that he or she is completely abjected from the narrative. *Shirley* contains two more scenes of physical suffering that complete the matrix of the main characters in the novel.² Shirley's imagined rabies fit and Louis's illness are companion pieces to Caroline's fever and Robert's gunshot injury, yet the narrative fails to represent them with the same narrative conventions. Unlike Caroline and Robert, Shirley and Louis struggle with complicated class and gender identities, which lead them to take shelter in the carefully guarded privacy of their respective future and past sickrooms.

This chapter examines such scenes of physical suffering that are deliberately hidden from the narrative. Sometimes degradation caused by severe illness pushes a character into abjection. Other times characters refuse to reveal their suffering and reject the sympathy of their family in order to eschew the disempowering, objectifying, or infantilizing effects of sympathy. These characters will often turn to a neutral party, such as a loyal servant, in order to protect their fragile, fractured subjectivity from the overpowering gaze of sympathy. Sometimes characters find themselves in an identity crisis that is too serious to stand the scrutiny of the sympathetic gaze. Whatever its reasons may be, resistance to sympathy is as common as display of suffering in Victorian texts.

North and South

In Elizabeth Gaskell's social-problem novel *North and South*, members of the Hale family find themselves uprooted from their idyllic countryside home when Mr. Hale has a crisis of faith and moves the family to the industrial northern town of Milton.³ All try to adapt to the new life in their own ways. Margaret Hale, the young daughter of the family and the protagonist of the novel, acquaints herself with the tense class relations and the growing pains of industrialism by making friends with characters from different social layers. In the meantime, however, her mother becomes terminally ill, but she refuses to allow Margaret to be her nurse. Margaret's endeavor to connect with the new community at the expense of becoming further distanced from her mother is part of a social project that Gaskell delineates in her novel as she claims that Britain's progress and survival in the new age depends on breaking loose from its feudal, agrarian past. Gaskell decides to keep her mother's suffering in the margins of the narrative as the daughter engages with the social issues that occupy its center.

Hales leave the healthier, more communal, and altogether more salubrious preindustrial southern town of Helstone in order to adapt and survive in the changing society. In fact, it is Mrs. Hale who desires this change in the beginning of the novel. In the second chapter we learn that she is in the habit of complaining about Helstone, and she wants her husband to be appointed to a bigger parish. Mrs. Hale expresses her desire to rise in social rank in health terms:

Mrs. Hale said that the near neighbourhood of so many trees affected her health. ... [W]hen the autumn drew on, and the weather became

more changeable, her mother's idea of the unhealthiness of the place increased; and she repined even more frequently that her husband, who was more learned than Mr. Hume, a better parish priest than Mr. Houldsworth, should not have met with the preferment that these two former neighbours of theirs had done. (Gaskell, 18)

Mrs. Hale complains of the abundance of trees and tragically dies in the treeless town of Milton. It is almost as if the move to Milton and its dire consequences are the punishment for Mrs. Hale's feminine, bourgeois consumerism and appetite for advancement. She admits this herself when she is diagnosed with her fatal disease: "While I was there, I was for ever wanting to leave it. Every place seemed pleasanter," she tells her daughter. "And now I shall die far away from it. I am rightly punished" (Gaskell, 129).

Mrs. Hale's death has deeper significance than poetic justice for a greedy character. She represents the middle class that suffers from its own drive for capitalist progress. The shift from a pastoral, agrarian life into the age of industrialism, scientific progress, and utilitarian rationalism—the staples of Victorian social transformation—is the subtext of most of the physical, emotional, and spiritual pain in the novel. Mrs. Hale's mysterious illness and eventual demise, Mr. Hale's crisis of faith, Bessy's cotton-filled lungs, Mr. Higgins's atheism and alcoholism, and Margaret's injury during a workers' riot—all offer a rich array of scenes of suffering. Each case of suffering corresponds to a specific collective issue, and each one, except for Mrs. Hale's illness, receives due portions of representation and sympathy. Mrs. Hale's mystery disease, on the other hand, remains unexplained, untreatable, and too

horrifying to narrate. Moreover, her pain remains outside the affective structures focalized through the heroine's perspective.

In *North and South*, two significant instances of physical suffering receive Margaret's full attention, while a third, equally important one, her own mother's sickroom, remains elusive. Bessy's heartbreakingly candid accounts of her diseased lungs allow Margaret to sympathize and bond with the working-class people of Milton, even though, at first, she finds them crude and slightly frightening. Visiting Bessy even allows her to reposition herself as a charitable, middle-class lady visitor in the still unappealing industrialism and class relations in Milton.

The second instance of bodily injury is not actualized, but it allows a release of the affective and sexual tension. The stone thrown at John Thornton, the millowner and Margaret's love interest, impels Margaret to take immediate action in order to save the man she loves, at the expense of her own reputation. This impulsive eruption of emotion pushes the marriage plot toward its climactic point by revealing the heroine's feelings to both herself and the object of her affection. While Bessy and Thornton's bodies benefit from the affective privileges of display and spectacle, Mrs. Hale's suffering body remains hidden in the sickroom.

Mrs. Hale's decline can be attributed to the fact that she resists change. All the characters except for her, show the ability to change themselves and alleviate their suffering to some extent. Mr. Hale suffers from a major crisis of faith, but he substitutes for his religious identity that of a scholar by becoming a tutor. His shaken faith is replaced by scholarly pursuit. Margaret's prospects of marrying into either the aristocratic or urban professional class in London are aborted when her cousin gets

married and she returns to her parents' home. She has to resign herself to a lower-middle-class life when her father decides to give up his living as a clergyman and becomes a tutor. In Milton she occupies herself with the exciting class relations and her conflicted feelings toward the Thorntons. Thanks to her eagerness to educate herself and her curiosity about the social and political networks of the town, she is able to construct a new self, new connections, and a new life. Bessy struggles to give meaning to her own suffering, which she finds in Christian philosophy, even if it clashes with her father's bitter yet down-to-earth atheism. Even Mr. Higgins's grumpy cynicism is eventually softened under the influence of Margaret's kindness to his daughter.

Mrs. Hale, on the other hand, is completely uprooted from familiar surroundings and remains isolated. She is too old to adapt to the tense class stratification and harsher living conditions of the industrial town. Instead of opening up to Margaret, like Bessy Higgins, she chooses to withdraw to her sickroom in order to protect her dignity as well as the feelings of her family. In contrast to the other characters, Mrs. Hale resists reaching out and changing her subjectivity to fit her new life. Her sealed sickroom is emblematic of her resistance to change. Ironically, she is the initiator of a change that she cannot accommodate.

Bessy and Mrs. Hale are important counterparts in the novel. As representatives of their own class, both women are victims of the novel's deterministic attitude toward social class, and they both vie for Margaret's sympathy. Their impending deaths make them the two major sources of pathos in the novel. While Bessy's illness is blatantly displayed as the emblem of working-class suffering, the

novel fails to provide an explicit social subtext for Mrs. Hale's terminal illness and severe pain. Nor can it satisfactorily resolve all the identity crises created by the fall of the middle-class family. This is because Bessy is the victim of a social problem that can be remedied by the many solutions offered in the novel. Mrs. Hale, on the other hand, suffers from a fundamental conundrum that defines her class. She is an avid devotee of social mobility, but this places her in the simultaneously hopeful and fearful limbo of the middle class, striving to rise to a higher class and suffering from the constant risk of falling lower. The destabilized subjectivity of Mrs. Hale is so fragile that it cannot afford to be exposed to the sympathetic gaze, although Bessy's working-class suffering can.

Mrs. Hale's illness is an example of numerous literary works where disease is used as an instrument of poetic justice. In this case, in addition to being punished for her avid appetite for social mobility, Mrs. Hale is also taking on the punishment that should accrue to her husband. The narrative depiction of her situation places a strong emphasis on the lack of representation and an inevitable death that evokes little sympathy, perhaps because Mrs. Hale represents conflicts for which there is no solution.

Bessy and Mrs. Hale's narratives of sufferings are intertwined in the plot structure of the novel. Mrs. Hale's abjection from the narrative allows the plot to move forward by causing Margaret to channel all her affective and intellectual energies toward the class struggle in the town. Margaret becomes inquisitive about Bessy's life and illness at the same time that she realizes that her mother is sick. From that point onward, Bessy and Mrs. Hale become competing objects of sympathy for

Margaret. Margaret finds herself running from one to the other. She neglects to visit Bessy when she becomes preoccupied with making arrangements to increase the comfort of her mother. On the level of the narrative, however, Bessy's illness occupies the stage, so to speak, only to be interrupted intermittently by reminders for Margaret that Mrs. Hale's health is declining as well. Bessy's disease, pain, sickroom, and even her lungs are openly displayed for the education and benefit of both Margaret and the reader. She talks with Bessy about sickness and death because she is unable to hold such conversations with her mother.

There are two major scenes of Bessy's suffering. In the first one, Margaret enters Bessy's disorderly family life as a competent observer of the working-class life and its problems. When Bessy invites her to her house, Margaret sees that she is deprived of proper care not only because of poverty but also because no one in her family seems to possess the sensitivity and skills needed to nurse her. Her mother is dead; her siblings are too young and unrefined to ease her pain; and her father's atheism and cynicism clash with her fascination with Methodism, which seems to be the only source of moral and spiritual support for her.

When the two girls enter the house, they find Bessy's clumsy younger sister doing the dishes in a very noisy manner. The noise overwhelms the sensitive patient, but the sister seems to be oblivious to Bessy's pain. Margaret immediately displays the perceptive and judicious sympathy of a good Nightingale nurse:

Margaret shrunk, out of sympathy with poor Bessy, who had sat down on the first chair, as if completely tired out with her walk. Margaret asked the sister for a cup of water, and while she ran to fetch it

(knocking down the fire-irons, and tumbling over a chair in her way),
she unloosed Bessy's bonnet strings, to relieve her catching breath.

(Gaskell, 90)

Although she shrinks from the suffering, she quickly regains control over her emotional reaction. Moreover, she seems to know exactly what to do to make her patient comfortable. Not only does Margaret relieve Bessy's pain, but she also uses this opportunity to give her moral and spiritual guidance and encourage her to embrace life. Her advice is interrupted by Mr. Higgins's entrance into the room. "Now, I'll not have my wench preached to," says Mr. Higgins, who is skeptical of the potentially condescending sympathy of this relatively wealthier and naïve girl. This reveals another conflict in Bessy's life. Her religious views clash with her father's. Even though Mr. Higgins is kind and relatively tolerant, he is too frustrated and exhausted to show the gentle sympathy that Bessy needs.

Margaret's calm sympathy transforms the family discord and tension into an emotional scene that harmonizes the emotions of the whole family. Bessy gets overexcited as she contemplates the Methodist heaven waiting for her: "The feverish colour came into her cheek, and the feverish flame into her eye. 'But you will be there, father! you shall! Oh! my heart!' She put her hand to it, and became ghastly pale." Margaret calms the feverish and overexcited girl. Her tenderness and composure lead the rest of the family into calm, controlled sympathy for the patient:

Margaret held her in her arms, and put the weary head to rest upon her bosom. She lifted the thin soft hair from off the temples, and bathed them with water. Nicholas understood all her signs for different articles

with the quickness of love, and even the round-eyed sister moved with laborious gentleness at Margaret's "hush!" Presently the spasm that foreshadowed death had passed away, and Bessy roused herself. (Gaskell, 91)

The family reunites around the suffering girl and the family members start to act as a harmonious, unified group under Margaret's direction. Bessy, whose suffering failed to evoke sympathy from her family until then, becomes an object of sympathy. Margaret's presence aligns, unifies, and disciplines the emotions of the father and the sister, to the extent that Mr. Higgins knows what is needed without being told and the clumsy sister becomes more refined in her movements. It is not lack of pity or compassion that the family suffers from until Margaret's arrival. The issue is that the emotions generated by the suffering girl are spontaneous and not molded into appropriate forms of sympathy. Bessy's illness creates anger in Mr. Higgins because she reflects the abjection of the working-class condition and his lack of power.

The second scene in Bessy's sickroom is emotionally violent. After Mrs. Thornton's visit, Margaret rushes to pay a promised visit to her friend. She finds Bessy in a fever. Bessy is the narrator of her own suffering again, but she has surrendered to despair under the influence of the fever.

"[W]hen I'm in a fever, half-asleep and half-awake--it comes back upon me--oh! so bad! And I think, if this should be th' end of all, and if all I've been born for is just to work my heart and my life away, and to sicken i' this dree place, wi' them mill-noises in my ears for ever, until I could scream out for them to stop, and let me have a little piece o'

quiet--and wi' the fluff filling my lungs, until I thirst to death for one long deep breath o' the clear air yo' speak on--and my mother gone, and I never able to tell her again how I loved her, and o' all my troubles--I think if this life is th' end, and that there's no God to wipe away all tears from all eyes--yo' wench, yo'!" said she, sitting up, and clutching violently, almost fiercely, at Margaret's hand, "I could go mad, and kill yo', I could." She fell back completely worn out with her passion. Margaret knelt down by her. (Gaskell, 101)

Bessy is overwhelmed by unhealthy working conditions, absence of her mother, spiritual desolation, and fever. The fever causes a nervous frenzy and uncontrolled rush of words. Margaret's job in this scene is to calm down the excessive affect of her patient and bring her back to a healthy serenity, which she accomplishes skillfully. This scene further cements the girls' friendship. As excessive and frightening as they are, Bessy's emotions are fully narrated, unlike Mrs. Hale's frenzy, which shuts Margaret out of her sickroom later on in the novel.

After Bessy calms down, Margaret asks about her life before her sickness in order to distract her from her pain. Bessy explains her condition in simple, straightforward terms. As she regains control over her emotions, Margaret becomes a naïve interrogator. The medical realism of Bessy's words displays the suffering working-class body within a clear chain of causality: "I think I was well when mother died, but I have never been rightly strong sin' somewhere about that time. I began to work in a carding-room soon after, and the fluff got into my lungs and poisoned me." When Margaret asks what "fluff" is, Bessy explains:

“Fluff,” repeated Bessy. “Little bits, as fly off fro’ the cotton, when they’re carding it, and fill the air till it looks all fine white dust. They say it winds round the lungs, and tightens them up. Anyhow, there’s many a one as works in a carding-room, that falls into a waste, coughing and spitting blood, because they’re just poisoned by the fluff.” (Gaskell, 102)

Bessy also explains that, in some factories, the problem is mitigated by installing fans but this is costly and not preferred as it does not bring any profit. Like the interviewers of *The London Labour and London Poor*, Margaret asks questions that lead Bessy to give a picture of the working-class condition. Bessy’s calm, matter-of-fact explanations and Margaret’s security in her higher-class position allow the young lady visitor to assume the role of a sympathizing, charitable, middle-class woman.

These scenes have an important function in narrating illness and death. Not only do Bessy’s explanation of suffering and her composure in the face of her impending death allay Margaret’s fear of her mother’s death; her visual descriptions of her sick lungs also provide a familiar image for the horrifying unknown that is death. Medical realism exposes problems with clarity and, thus, renders them less disturbing, alienating, or abject. Indeed, even when Margaret gives Bessy counsel and guidance, she is really trying to comfort herself and alleviate her fear of her mother’s impending death. As they walk on the street, she asks Bessy in a low voice if she wishes to die. This is really a question to herself because she is unable to come to terms with the completely alien concept of death, which seems to stare her in the face everywhere she turns. The narrator notes the mental and affective discrepancy

between the healthy Margaret and all the sick, dying people around her: “For she shrank from death herself, with all the clinging to life so natural to the young and healthy”. Even, as she shrinks in sympathy from the noise of the dishes that Bessy’s sister is washing, Margaret is still very distanced from the state of the two dying women. Bessy’s suffering educates both Margaret and the reformist readers of the novel about poverty, starvation, sickness, and death.

Unlike Bessy’s familiar, clearly diagnosed, explained, preventable disease, Mrs. Hale’s ailment is shrouded in mystery. If Bessy is the poster child of the working-class condition, Mrs. Hale is the emblem of a middle class that is trapped between its desire for capitalist, industrial advancement and the pressuring demands of the social transformation that it necessitates. In this sense, Bessy’s illness has claim to both Margaret’s and the reader’s sympathizing attention because it exposes a curable social problem, the solution of which would contribute to the overall welfare of society. Mrs. Hale’s illness and death, on the other hand, signifies an insolvable problematic that is intrinsic to the middle-class condition.

In 1856 Nurse Sarah Anne Terrot wrote in her journal that the nurses at the army hospitals eventually became apathetic because if they had sympathized with the suffering of all the soldiers in Crimea and their mothers, they “could not have borne it.” Such an economy of affect makes Bessy’s illness and Thornton’s possible injury more expedient than Mrs. Hale’s illness. Taking a very cynical perspective, one could even argue that as a woman ineligible to work and past her reproductive stage, Mrs. Hale becomes expandable in the economy of affect that the novel constructs for the heroine. Mrs. Hale’s disease allows Gaskell to give a more candid but unusable

account of encountering illness and pain, the horror of which drives Margaret to engage with the suffering of the working-class people and to direct her sympathies toward more intelligible and manageable cases of physical suffering.

Bessy's illness adheres to Adam Smith's example of the scenes of sympathy.⁴ It sustains a safe distance between the subject and object of the sympathy. Margaret can freely feel sympathy for Bessy's condition when she is in no danger of falling in the same position and can extract herself from the situation any time. I am not arguing that Margaret's sympathy is fake or not valuable, but I would like to use the contrast between Bessy's and Mrs. Hale's sufferings to show how the notion of sympathy developed through Victorian psychological realism is distinct from the sympathy that Hume defined through his ethical inquiry.⁵ Familiar narratives of suffering enable sympathy, while in the absence of spectacles of suffering, the sufferers signify abjection and alienate their sympathizers. Mrs. Hale represents such abjection with her mystery disease and the hidden horrors of her sickroom.

Soon after the move to Milton, Mrs. Hale starts to exhibit signs of ill health. Mr. Hale seems to be oblivious to or in denial of the symptoms, and Margaret does not dare to interfere in the situation. The disease is never revealed and her sickroom almost resists representation in the novel. When finally a doctor is called, she does not allow anyone, except Dixon, into her room during the doctor's visit. Outside, Margaret nervously paces the living room, listening for any sound that might give a clue to what is happening in the room: "Every now and then she stopped to listen; she fancied she heard a moan. She clenched her hands tight, and held her breath. She was sure she heard a moan". This resistance to displaying her suffering deprives Mrs. Hale

of becoming an object of sympathy in the novel, the way Bessy does by willingly displaying herself and her own illness. Mrs. Hale never fully develops into a likable character. Like Mr. Bray in *Nicholas Nickleby* and Mr. March in *John Halifax, Gentleman*, her cries of pain are muffled through the shut doors of her sickroom, placing her in the category of selfish invalids whose suffering does not warrant sympathy or compassion.

Chapter 16, titled “The Shadow of Death,” contains a critical scene in which the doctor finally tells Margaret the diagnosis, although the disease is never revealed to the reader. In this scene, facing the disease has an effect on Margaret similar to that had when encountering the abjection of death. Mrs. Hale’s dying body pulls Margaret into its own abjection. After much secretiveness on the part of her mother, Margaret confronts the doctor and makes him disclose the diagnosis to her: “He spoke two short sentences in a low voice, watching her all the time; for the pupils of her eyes dilated into a black horror and the whiteness of her complexion became livid. He ceased speaking. He waited for that look to go off,--for her gasping breath to come” (Gaskell, 126). The disease and the abjection of death pull Margaret into a realm of horror and annihilation. The knowledge of the disease makes Margaret lose speech and even her sentient qualities. “The black horror” in her eyes and the whiteness of her face give her the image of a corpse. She briefly stops breathing. Julia Kristeva argues that a corpse, in the absence of familiar narratives of death, dissolves the boundaries between the living subject and its opposite, death and absence. Mrs. Hale’s mystery disease is a black hole in the novel, the horror of which drives the narrative, and fully encountering it dissolves both the narrative and the subjectivity of the heroine. Until

the moment of disclosure, Margaret is occupied with small victories over the people around her. The knowledge of the disease momentarily throws the independent and competent protagonist into an emotional and linguistic paralysis.

At first the diagnosis scene takes the form of a power struggle between Margaret and Dixon, which the narrator describes with a candid realism. "The mystery that Margaret hoped their late habits of intimacy had broken through, was resumed," says the narrator. "She was excluded from the room, while Dixon was admitted. Margaret was not a ready lover, but where she loved she loved passionately, and with no small degree of jealousy" (Gaskell, 124). Margaret's passionate and jealous love is also a selfish one. With an almost cruel realism, the narrator notes that she even enjoys the power she has over Dixon.

After the doctor finishes his examination, Margaret invites him to the library to discuss his diagnosis. Dixon tries to stop the doctor, but Margaret is firm in her demand as the young mistress of the house.

Margaret's conscious assumption of this unusual dignity of demeanour towards Dixon, gave her an instant's amusement in the midst of her anxiety. She knew, from the surprised expression on Dixon's face, how ridiculously grand she herself must be looking; and the idea carried her downstairs into the room; it gave her that length of oblivion from the keen sharpness of the recollection of the actual business in hand. Now, that came back, and seemed to take away her breath. It was a moment or two before she could utter a word. (Gaskell, 125)

Margaret orders the doctor to impart the news to her. The kind and experienced doctor tries to protect the young woman from the news by deferring to Mrs. Hale's decision to keep Dixon as her confidante: "My dear young lady, your mother seems to have a most attentive and efficient servant, who is more like her friend" (Gaskell, 125). Margaret interrupts him and asserts her position as the immediate family of the patient: "I am her daughter, sir." The narrator notes that the little triumph over Dixon temporarily gave Margaret strength to bear the news. Various distractions—like outsmarting Dixon and managing the conversation with the doctor—contribute to the economy of affect that the narrative suggests.

Margaret's mettle is emphasized again and again, pointing at the fact that the whole scene is a plot device designed to showcase Margaret's moral and emotional strength. Dr. Donaldson recognizes Margaret's emotional strength in her firm handshake and her ability to control her tears. "Poor thing! I must see she does not overstrain herself. Though it's astonishing how much those thorough-bred creatures can do and suffer" (Gaskell, 127). Mrs. Hale's withdrawal into the solitude of her sickroom allows the narrative to focus on Margaret's agony and reaffirm her social rank as a "thorough-bred creature," rather than to reestablish Mrs. Hale as a suffering bourgeois subject.

Margaret's alienation from her mother is gradual, but it culminates with the diagnosis. Although she becomes aware of her mother's ailment long before the diagnosis, she cannot or does not confront her. In her attempt to respect her mother's discretion and provide her a dignifying private space and attention, she decides to find another servant who can reduce Dixon's work so that "her mother might have all the

personal attention she required, and had been accustomed to her whole life". Although this decision is aimed at alleviating Mrs. Hale's crisis of identity, it sustains the distance between her and her daughter, which is another significant cause of this identity crisis. Margaret is ultimately unable to assert herself as a primary caretaker, partake of the sickroom's structures of sympathy which could reinstate her as a subject of sympathy with her mother.

Mrs. Hale seems to be aware of the abjection into which the disease has thrown her: "Dixon and I thought you would quite shrink from me if you knew," she tells her daughter. When Margaret begs her mother to allow her to be her nurse, Mrs. Hale refuses her, worried that the horror of her disease will repel Margaret. "You don't know what you are asking," she says and shudders (Gaskell, 128). Unlike slowly progressing diseases like consumption, Mrs. Hale's intense pain shuts her within herself and confines her to her abjection. This is a major reason for her distance from her daughter during her illness and her refusal of sympathy.

Mrs. Hale's sickroom creates a brief moment of reconciliation between the mother and the daughter, after the revelation of her disease, but it does not offer a substantial sentimental scene that reunites the whole family—the way Bessy's perishing body and coughing fits do. Gaskell gives two brief pictures of Mrs. Hale's pain in the novel. In the first one we catch a glimpse of her suffering, when Margaret walks into her room during a bout of pain. The second one immediately follows the doctor's visit and leads Mrs. Hale to confess her emotions. For the rest of the novel, the sufferer recedes into the narrative gap constituted by her carefully guarded sickroom. The illness allows the mother and daughter an opportunity to be candid

with each other and amend their broken bond, but Margaret is quickly excluded from the sickroom again. Mrs. Hale's pain is too sharp and her death is too shocking to be narrated through a mellow sentimentalism. Her scenes of suffering generate excessive emotions as well as an affective and narrative crisis.

Scenes of Mrs. Hale's pain are emotionally intense challenges to the narrative. Margaret's first experience as the witness of her mother's physical pain fails to produce the desired sympathy and reconciliation. She sees Dixon leave her mother's bedroom after holding "mysterious consultations" with her and cry "as was her custom when any distress of her mistress called upon her sympathy" (Gaskell, 88). She enters the room after Dixon but she does not stay when she sees her mother doubled in pain.

Once Margaret had gone into the chamber soon after Dixon left it, and found her mother on her knees, and as Margaret stole out she caught a few words, which were evidently a prayer for strength and patience to endure severe bodily suffering. Margaret yearned to re-unite the bond of intimate confidence which had been broken by her long residence at her aunt Shaw's, and strove by gentle caresses and softened words to creep into the warmest place in her mother's heart. But though she received caresses and fond words back again, in such profusion as would have gladdened her formerly, yet she felt that there was a secret withheld from her, and she believed it bore serious reference to her mother's health. (Gaskell, 88)

The second scene describing Mrs. Hale's pain shows that the pain leaves her no energy to engage in an affective interaction with her sympathizing daughter. Pain shuts her within her body. In this scene the mother and daughter exchange gestures of love and sympathy, but these acts fail to establish an emotional connection because Mrs. Hale's is still alien to Margaret. The visual image of someone in pain does not generate sympathy. Mrs. Hale can return Margaret's caresses but she is unable to talk because of her pain and also because she does not know what is wrong with her either. Although this scene is heart-wrenching in its delineation of Mrs. Hale's abjection and the mother-daughter alienation, it is in a sense empowering for Mrs. Hale because the scene refuses to present her as an object. At this moment she has no power over her body, over the pain, or even over language, yet she remains in control of her sickroom and her situation by not offering herself as an object of sympathy.

The next scene describing her pain takes place right after the doctor leaves. This time, with the knowledge of her condition, she can afford to engage in conversation with her daughter: "Her face had a little faint colour in it, and the very exhaustion after the examination gave it a peaceful look. Margaret was surprised to see her look so calm". The calm stems from the fact that she is now in possession of the knowledge of her condition and that she does not know that Margaret made the doctor reveal the diagnosis to her. Mrs. Hale gets upset when she learns that Margaret knows the nature of her disease:

"Oh yes, mamma, he did. I made him. It was I--blame me." She knelt down by her mother's side, and caught her hand--she would not let it

go, though Mrs. Hale tried to pull it away. She kept kissing it, and the hot tears she shed bathed it.

‘Margaret, it was very wrong of you. You knew I did not wish you to know.’ But, as if tired with the contest, she left her hand in Margaret’s clasp, and by-and-by she returned the pressure faintly. That encouraged Margaret to speak. (Gaskell, 127)

Although Mrs. Hale is not in intense pain at this moment, she still refuses to accept Margaret’s sympathy. Her refusal of Margaret’s sympathy makes her ineligible for the reader’s sympathy. It is tempting to overlook her pain, which is not described in detail, and disapprove of her because of her cold attitude toward the heroine. As the focalizer of the narrative, Margaret has the ability to triangulate a sympathetic engagement with her mother and to turn her into an object of sympathy for the readers, but Mrs. Hale’s refusal to engage in a structure of sympathy with her makes this impossible. Instead, we see a cold and capricious mother who withholds her love.

Margaret claims her right to intimacy as immediate family: “Oh, mamma! let me be your nurse. I will learn anything Dixon can teach me,” she says. “But you know I am your child, and I do think I have a right to do everything for you”. The rest of the conversation between Margaret and her mother after the doctor’s visit shows that this rift in the family stems from a very nuanced class difference between them, which is apparent to Mrs. Hale. Margaret’s desire to be closer to her mother presses Mrs. Hale to express her fears that her daughter might scorn her parents’ humble life and furniture. They eventually make amends to each other for letting the class difference interfere with their familial bond.

However, this brief scene of reconciliation is interrupted. Mrs. Hale remembers that her son is exiled, and this thought throws her into a hysterical fit. The thought of never seeing her son again “upset all her composure, destroyed the calm, overcame the exhaustion. Wild passionate cry succeeded to cry—‘Frederick! Frederick! Come to me. I am dying. Little first-born child, come to me once again!’” (Gaskell, 129). Her words reveal the fact that the structure of sympathy that Margaret convinced her mother to engage in was not strong enough to reestablish their broken bond. She ends up having to call Dixon for help.

Dixon came in a huff, and accused Margaret of having over-excited her mother. Margaret bore all meekly, only trusting that her father might not return. In spite of her alarm, which was even greater than the occasion warranted, she obeyed all Dixon’s directions promptly and well, without a word of self-justification. By so doing she mollified her accuser. They put her mother to bed, and Margaret sat by her till she fell asleep, and afterwards till Dixon beckoned her out of the room, and, with a sour face, as if doing something against the grain, she bade her drink a cup of coffee which she had prepared for her in the drawing-room, and stood over her in a commanding attitude as she did so. (Gaskell, 129)

The hysterical outbreak reestablishes an affective hierarchy that Mrs. Hale insists on. Her son is more valuable and Dixon is more trustworthy for her. Her situation excuses her selfish behavior toward her daughter, but it does not evoke sympathy in the reader because there is no one to triangulate such a structure of sympathy with her. However,

despite her vulnerability, powerlessness, and hopeless abjection, Mrs. Hale remains in charge of her sickroom, determining who will have access to the scenes of her pain and to her affection. This, perhaps is the only aspect of her sickroom scene that fits in with Bailin's characterization of fictional sickrooms. Despite its many failure's, Mrs. Hale's sickroom does afford her crisis of subjectivity to a certain extent.

At the end of this episode, Dixon's commanding manner shows that the power struggle over access to the sickroom has changed in her favor again. Although Margaret claims to be a competent nurse, she shrinks at the sight of intense pain and calls for Dixon's help. Like a good Nightingale nurse, Dixon is concerned with managing the affective state of the patient, and she is capable of doing it because she is in a professional relationship with her. This scene also shows that affect can be complicated as much as it is healing. Sometimes, a neutral caretaker is more effective in engaging a sufferer in a structure of sympathy than family is.

The diagnosis scene shows how access to the sickroom means control over and intimacy with the sufferer. For sufferers with fragile, destabilized subjectivities, it is important to be able to choose the subjects of sympathy. Mrs. Hale reconfigures her destabilized family members to accommodate her fractured sense of identity. She feels alienated from her daughter and distanced from her husband; and she is separated from her son. Being no longer the mistress of a modest but respectable middle-class home, Mrs. Hale transforms her former housekeeper, Dixon, into her confidante, companion, and the only person with access to her sickroom.

As a servant, Dixon is in a seemingly neutral emotional relationship with Mrs. Hale. Not only is Dixon a servant, but she is the keeper of Mrs. Hale's memory as a

young beautiful woman. As she tells Margaret, she has been loyal to Mrs. Hale since she was young, and she is devoted to the nostalgic memory of the glory and splendor of Mrs. Hale's youth.

Miss Margaret my dear, I've had to keep it down this many a week; and though I don't pretend I can love her as you do, yet I loved her better than any other man, woman, or child--no one but Master Frederick ever came near her in my mind. Ever since Lady Beresford's maid first took me in to see her dressed out in white crape, and corn-ears, and scarlet poppies, and I ran a needle down into my finger, and broke it in, and she tore up her worked pocket-handkerchief, after they'd cut it out, and came in to wet the bandages again with lotion when she returned from the ball--where she'd been the prettiest young lady of all—I've never loved any one like her. I little thought then that I should live to see her brought so low. I don't mean no reproach to nobody. Many a one calls you pretty and handsome, and what not. Even in this smoky place, enough to blind one's eyes, the owls can see that. But you'll never be like your mother for beauty--never; not if you live to be a hundred. (Gaskell, 130)

So, Dixon is not really emotionally neutral after all. It is not clear whether her abiding love for Mrs. Hale is maternal or Romantic in nature—although her impassioned emphasis on her beauty suggests the latter. Dixon has a special function as a subject of sympathy in this illness scene. She is the only character who approaches Mrs. Hale with completely unselfish motivation, and she is capable of offering a palatable,

acceptable image of Mrs. Hale as an object of admiration and sympathy. She can transform her abjection into nostalgic grief for the dying woman. Dixon's mental image of young Mrs. Hale's beauty freezes for Dixon, her mistress in a happy, idyllic past. Her words fix the splendor of Mrs. Hale's youth in a revering, nostalgic image of a past era. It also reestablishes her as the mistress of the house, a position to which Margaret briefly aspires in her attempt to become the invalid's nurse.

Mrs. Hale's condition prompts both Dixon and Mr. Hale to remember Mrs. Hale's youth. Mrs. Hale's husband, in typical male fashion, as the narrator tells us, seeks shelter in oblivion and denial. When Margaret expresses her concern about her mother's health, he reassures her, and himself, by saying that Mrs. Hale does not even have the occasional headaches she complained of in *Helstone* and looks as rosy as she did when they first got married. Margaret does not have the heart to tell her father that the color on her mother's cheeks is "the flush of pain." Mr. Hale's recollection is a result of his misinterpretation of his wife's symptoms and belies his distance from her.

Dixon's recollection of Mrs. Hale's youth addresses the conflict underlying her suffering. Reminiscing on her nursing experiences, Margaret Goodman wrote that "we must be ourselves in sickness, we have no power to be anything else". It seems that, in sickness, we do not have power to negotiate social roles and identities imposed on us either. Like the young dying nun who asked Goodman to talk about her after her death, Mrs. Hale trusts Dixon because she is the only one who can allow her to be who she wants to be in her mind: a young, beautiful woman with a bright future.

Mrs. Hale's illness represents the problematic of her class. The progress and change she initiates ends up killing her. Like other social-problem novels, Gaskell's

novel is able to represent working-class suffering with the help of a class determinism that gives meaning to the working-class characters' suffering. Yet, it fails to account for the suffering of its middle-class characters because the illness represents an internal dilemma of the bourgeois culture for which there seems to be no solution.

Shirley

Illness scenes that heal broken bonds and reconstruct destabilized identities are frequently coupled with sickrooms that resist or hide structures of sympathy. This contrast can motivate and energize both the plot structure and the affective dynamics of a work. Charlotte Brontë's *Shirley*, the four main characters form many parallel and contrasting combinations within the narrative matrix they construct. Shirley and Caroline's friendship develops as a result of their mutual unconventional thinking and prescient feminism; Shirley and Robert share a strong-minded ambitious personality and entitlement to leadership; Caroline and Robert complete each other as partners; Caroline and Louis suffer from the frustration caused by their individual disempowerment; and the brothers Robert and Louis display two different masculinity models occasioned by their disparate social positions. Each one has an episode of illness, pain, or injury that is expressive of their personality and social situation.

These illness and injury scenes reflect the way they respond to and fashion their gender and class identities. While Caroline's "heroine disease" and Robert's heroic endurance to the pain of his gunshot wound make perfect narrative spectacles out of their suffering, Louis's illness episode and Shirley's imagined rabies fit are kept outside the narrative. I will examine these scenes' resistance to representation and

sympathy to explain what is at stake for these characters in hiding their pain from the gaze of others around them.

Of all the episodes, Caroline's illness has received the most critical attention. Robert's scene of suffering after being shot by rioting workers is exemplary of spectacles of masculine suffering that legitimize masculine power. In this chapter I focus on the more unusual and complex illness episodes of Shirley and Louis. Both of these characters fall ill at a point of social vulnerability and identity crisis in the novel; both of them refuse sympathy from certain characters and carefully guard their sickrooms. Shirley and Louis also happen to be the two characters who have to juggle unconventional social positions. I will argue that the unconventional gender and class identities they embody make them too vulnerable to endure the destabilizing effects of illness and sympathy. By shutting off access to their sickrooms, they try to maintain their authority over their lives.

Critics have commented on the apparent lack of unity in *Shirley*. The novel's lack of unity, its ambitious attempt at addressing multiple social issues simultaneously, and the experimental combination of several subgenres have been the focus of critical works on the book. Jacob Korg claimed that the main characters constitute an inner circle representative of romantic emotion.⁶ Janet Freeman shows how the private and public worlds, along with the other dualities in the novel, interact with each other in dialectical fashion, seeking to attain perfect intimacy and union.⁷ Gisela Argyle shows how three distinct subgenres of comedy of manners, historical romance, and psychological romance alternate and supplement each other.⁸

All these interpretations attempt to identify the novel's solution to the disparities that it successfully represents. According to Argyle, "In their combination and sequence these subgenres are well adapted to negotiating the novel's subject: division and conflict between members of the human family in terms of gender, class, region, nation, politics and religion, and the possibility of overcoming such divisions by means of the imagination". (Argyle, 742) Shirley's, Robert's, Louis', and Caroline's illness episodes are set in such a way that sympathy for one allows the reader to imagine another's suffering and sympathize for him or her too. This way Brontë also reconciles conventional gender roles with unconventional ones.

It seems that Charlotte Brontë's attempt to give a panoramic view of society ended up in an eclectic assembly of characters. In response to these readings of the novel, I would like to suggest that each of the main characters experiences physical suffering in a different way too. While Caroline and Robert, who are comfortable in their skin, can display their suffering, Shirley and Louis, who are in an identity crisis at the intersection of the gender and class roles, hide their illnesses and firmly refuse the sympathy of others. In addition to the complications on the characterological level, Shirley's and Louis's illnesses also break down the novelistic narrative. When Shirley visits Louis in his sickroom, the scene turns into a play. Shirley herself narrates her own imagined disease and death in the sensation genre, thus disrupting the realism that the novel struggles to sustain.

Shirley's illness episode never takes place, but it has a significant place in the plot and character development. When she gets bitten by a dog, Shirley starts believing that she has rabies and will soon die a horrible death. She hides this as a

secret and works herself into a nervous condition. She loses her appetite, can't sleep, and acts strangely. Louis notices Shirley's nervousness and interrogates her about its cause. At first, Shirley is reluctant to tell him about her situation. Louis gains her trust, not by expressing concern but by showing no signs of emotion: "Had he betrayed injudicious emotion, perhaps obstinate persistence in silence would have been the result; but he looked calm, strong, trustworthy" (Brontë, 377). Like a good Nightingale nurse, his control over his emotions and his calmness create the illusion of an affective vacuum, in which Shirley can reveal her disease without being vulnerable to the structures of sympathy that impose certain identities she resists.

Shirley explains to him her reasons for wanting to avoid her family's sympathy and attempts to care. She would rather tell Louis than her aunt or cousins, she says because "[t]hey would all make such a bustle, and it is that very bustle I dread – the alarm, the flurry, the éclat. In short, I never liked to be the center of a small domestic whirlpool" (Brontë, 377). In other words, Shirley does not want to submit to the smothering, infantilizing, anxious sympathy that Robert finds himself receiving when he is shot. Although Louis's "large heart beat[s] fast in his deep chest," he does not show any sign of emotion. His calmness reassures Shirley and eases her anxiety. She recognizes the affectively neutral third party to whom she can entrust her vulnerability: "You will give me the benefit of your self-possession, and not leave me at the mercy of agitated cowards?" (Brontë, 378) she asks him. Of course, Louis is actually the person who is most deeply emotionally invested in Shirley, but up to this point he has not let Shirley realize this. Like Mrs. Hale, who chooses her servant as her confidante and nurse, Shirley goes to her former tutor, who

displays the same affective neutrality as a paid employee and carries the memory of happier times in her life.

Louis is, indeed, a good nurse candidate because he is a careful observer and a good reader of Shirley's character. When she tells him that she cauterized the dog bite herself, he recognizes her desire to preserve her independence. "You like solitude," he tells her. "You disdain sympathy.... With your powerful mind you must feel independent of help, of advice, of society" (Brontë, 379). Louis's words point at the socializing function of structures of sympathy and reveal their oppressive potential. Despite enjoying her privilege of being active in the public sphere and embodying both gender roles, Shirley maintains a contentious relationship with "society." She can live as a lady and a gentleman at the same time, as she mentions herself, but the society that allows her these privileges because of her class and economic power can also take them away because of her gender. "I am a woman," she says to Louis. "I know my place" (Brontë, 383). Louis is able to discern her situation not only because he is in love but also because he shares the same situation. His social rank does not allow him the respectability and authority that his masculinity calls for. Sympathy of others is condescending and reminds him of his place.

Unlike Caroline, who finds the family ties that she yearns for in her sickroom, Shirley dreads the family ties that will be imposed upon her in her sickroom, especially from her distant relatives, who are already limiting her independence. Therefore, she gives Louis detailed instructions about how to protect her sickroom and her dignity, in case she loses her mental faculties:

You know, in case the worst I *have* feared should happen, they will smother me. You need not smile. They will; they always do. My uncle will be full of horror, weakness, precipitation; and that is the only expedient which will suggest itself to him. Nobody in the house will be self-possessed but you. Now promise to befriend me – to keep Mr Sympson away from me, not to let Henry come near, lest I should hurt him. Mind – *mind* that you take care of yourself too. But I shall not injure you; I know I shall not. Lock the chamber door against the surgeons; turn them out if they get in. Let neither the young nor the old MacTurk lay a finger on me; nor Mr Greaves, their colleague; and lastly, if I give you trouble, with your own hand administer to me a strong narcotic – such a dose of laudanum as shall leave no mistake.

Promise me to do this. (Brontë, 380)

Not only does Shirley exclude her oppressive and intrusive uncle but she also excludes her beloved nephew from her sickroom. She tells Louis to get her housekeeper's help "if female help is needed" (Brontë, 380). She allows only household staff into the sickroom and bans everyone who can exert power over her, whether it is medical authority or family.

Shirley entrusts her life and her death to Louis's hands and self-possessed mind. While she insists on eschewing smothering structures of sympathy, she cements a very strong emotional bond with Louis, which will become the basis of their relationship as a married couple too. Her confidence in him betrays her emotional attachment to her tutor. Shirley does find family in her sickroom and establishes

affective bonds, but her mistrust of her blood relations shows the potentially oppressive and confining aspects of structures of sympathy instead of proving their social benefits.

Both Shirley's and Caroline's illness episodes take place at the climactic point of their marriage-plot crises. Caroline decides that she has no reason to live because she believes that she will not be able to marry Robert Moore, nor is she going to be allowed to do anything else with her life. When marriage, which has been the basis of her identity as a young woman, becomes impossible, she literally starts to die, until she discovers that Mrs. Pryor is actually her own mother and that she can reconstruct herself as a daughter. Shirley is struggling with a similar marriage-related identity crisis when she gets bitten by the dog. Her relatives want to force her to marry an aristocratic suitor, although she is reluctant to relinquish her independence, not to mention that she is in love with Louis. Robert is shot in the midst of his dilemma of deciding between becoming a ruthless capitalist or a benevolent, humanitarian captain of industry. He aspires for the latter, while the laborers' reactions and the market conditions force him to become the former. Louis completes this quadrangle with his own identity-crisis-related illness scene. Unlike his brother, he suffers from a crisis in his marriage plot, and this categorizes him together with the female characters, whose identities are contingent on marriage as well.

Louis has no economic independence. This makes him dependent on marriage, like the conventional female characters. His feminization is insinuated in the way he suffers too. Louis keeps his heartbreak to himself, as the famous scorpion passage bitterly dictates women to do: "A lover masculine so disappointed can speak and urge

explanation, a lover feminine can say nothing; if she did, the result would be shame and anguish, inward remorse for self-treachery. Nature would brand such demonstration as a rebellion against her instincts, and would vindictively repay it afterwards by the thunderbolt of self-contempt smiting suddenly in secret” (Brontë, 79). This passage is prompted by Caroline’s heartbreak after learning that Robert proposed to Shirley, but it is applicable to Louis’s mental suffering and illness too. In fact, the characters whose illness and physical suffering is narrated openly correspond to others whose sickrooms and inner thoughts are closed to the narrative gaze. By pairing these characters together, the novel trains its readers to exercise their sympathetic imagination. After witnessing Robert Moore’s pitiful state at the hands of his hovering, fluttering sister, one can share Shirley’s dread of her relatives’ “horror, weakness, precipitation.” Similarly, Caroline’s sickroom mirrors Louis, not only as a marker of his feminization but also as an exercise in cultivating sympathy.

Louis Moore’s illness scene is strongly marked by his refusal of Shirley’s sympathy. He catches a fever and “after opposing to the malady a taciturn resistance for a day or two, was obliged to keep to his chamber” (Brontë, 355). Shirley comes to visit him in his room. She offers to feed him a grape to quench his thirst and to read to him to put him to sleep, but Louis refuses her offers. At first he is reticent to disclose the reason of his illness, and he refuses acts of kindness from the woman, who, in his mind, has scorned him. Louis firmly refuses Shirley’s sympathy in this scene because exposing his suffering and surrendering to her care would be an infringement that his fractured and tortured subjectivity could not endure.

In addition to making a good scene of emotional intensity, enhanced by reserve and withheld affect, Louis's resistance to displaying his suffering shows his proximity to abjection. He says that he does not want to sleep because that would be "Blank annihilation!" (Brontë, 357). Blank annihilation is a real threat for him as his youngest pupil is growing into adulthood, and, like Caroline, the only prospect of marriage he cares for is about to disappear.

Invisibility, a tentative existence, and dignified reserve are the characteristics that mark Louis's life as a tutor. His relationship with the inhabitants of Fieldhead is the contentious and conflicted relationship of a governess/tutor with his or her employers, a difficult and isolating position, which Mrs. Pryor explains to Caroline earlier in the novel. It is again from Caroline's sympathizing perspective that the narrator introduces Louis's position in the Sympson household. The young women of the family do not see him as a man. The parents are civil but formal and reserved. Louis seems to be invisible to everyone. To her dismay, Caroline realizes that her cousin has "no sympathizing friends" at Fieldhead.

Louis has a disabled male companion in his pupil Henry, whose admiration of Louis makes the limping boy a figure of complicit masculinity. However, this is not sufficient to allow Louis to claim hegemonic masculinity because he lacks economic independence. Hegemonic masculinity is a combination of access to power and the qualities that legitimize this power. The only form of power available to Louis is maintaining control over his own emotions. Thus, he takes a self-reflexive approach and chooses to be his own subject of sympathy, especially in his state of desolate weakness.

He turns down Shirley's offer to read to him so that he can go to sleep because he is "too feverish and excitable to bear a soft, cooing, vibrating voice close at my ear" (Brontë, 357). The fever is the unmistakable expression of his sexual desire and frustration. But additionally, given the fact that a nurse's duty is to manage the affective state of the patient, he is also refusing Shirley's control over his emotions. Like marriage, sympathy is the affective alignment of the sufferer and the sympathizer. Louis thinks that since marriage is not possible, establishing sympathy between them in any form is a fruitless endeavor. He finally discloses the real reason for his illness. He tells Shirley that because his room is right above the hall, he could hear her new aristocratic suitor courting her on the front steps of the house. Shirley does not respond to this. Instead, she offers to bring a glass of water and then to read to him to put him to sleep.

It is not only communication between the characters that falls apart in this scene; the novelistic narrative also dissolves and takes on the qualities of a play. This very short scene consists of only the characters' lines. The narrator's voice is reduced to short indications that look more like stage instructions than novelistic narrative:

"Mrs. Gill supplies me with toast-and-water. I like it best."

Silence fell for some minutes.

"Do you suffer? – have you pain?"

"Very little."

"What made you ill?"

Silence.

"I wonder what caused this fever? To what do you attribute it?"

“Miasma, perhaps – malaria. This is autumn, a season fertile in fevers”

(Brontë, 356)

Toward the end of the scene, the narrator’s voice disappears completely and leaves its place for a stage instruction in parentheses: “(Exit Shirley.)” (Brontë, 357). For some reason, novelistic narrative fails to express the emotional intensity of this erotically charged scene. Louis does not reply to Shirley’s question about the cause of his illness because he already gestured to it by letting her know that he witnessed her flirtation with her new suitor. Deliberately or not, Shirley remains oblivious to the mental agony that caused Louis’s illness.

Refusing Shirley’s sympathy in his sickroom, allows Louis to maintain his independence to some extent. The couple’s reserved and tortured courtship does not conclude until Shirley trusts Louis with her own vulnerability, which does not happen until toward the end. At this point in the novel, Louis has no material or social resource to feel independent or powerful enough so that he to aspire to become a household patriarch. His fractured, destabilized subjectivity is not conducive to engaging in a structure of sympathy with Shirley, whether it is a nurse-patient relationship or courtship.

Sympathy for the sick can make or break identities and subjectivities. Mrs. Hale, Shirley, and Louis have anomalous or destabilized subjectivities because of their changing or unconventional social positions. While this is possible for characters who are not in challenging social positions, characters who are in a substantial identity

crisis cannot afford to or do not want to submit to structures of sympathy that will position them in roles that they cannot accommodate.

Notes:

¹ Miriam Bailin, *The Sickroom in Victorian Fiction* New York: Cambridge UP, 1994.

² Charlotte Brontë, *Shirley*. (1848-49) Hertfordshire: Wordsworth Editions, 1993.

³ Elizabeth Gaskell, *North and South*. (1854-55) Angus Easson ed. Oxford: Oxford UP, 1998.

⁴ Adam Smith, *The Theory of Moral Sentiments*. (1759) Amherst NY: Prometheus Books, 2000.

⁵ David Hume, *A Treatise of Human Nature*. Oxford: Clarendon Press, 2007.

⁶ Jacob Korg, "The Problem of Unity in *Shirley*." *Nineteenth-Century Fiction*. vol. 12.2 (1957): 125-136.

⁷ Janet Freeman, "Unity and Diversity in *Shirley*." *The Journal of English and Germanic Philology*. vol.87.4 (1988): 558-575.

⁸ Gisela Argyle, "Gender and Generic Mixing in Charlotte Brontë's *Shirley*." *Studies in English Literature, 1500-1900*. vol.35.4 (1995):741-756.

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